



**SPEED  
SKATING  
MANITOBA**

# INJURY REPORT FORM

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Club: \_\_\_\_\_ Facility: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_ Number of years skating: \_\_\_\_\_

Skater's ability:  Beginner  Developmental  High performance

Activity type:  Learn to skate  Short track  Long track

Accident/Injury Occurred in:  Training  Competition

Accident/Injury During an:  Off-ice activity  On-ice activity

Padding:  Yes  No

Ice conditions:  Good  Average  Poor

Medical attention required:  Yes  No

Ambulance transportation required:  Yes  No

Description of injury/incident. Please include if the skater hit the protective padding?

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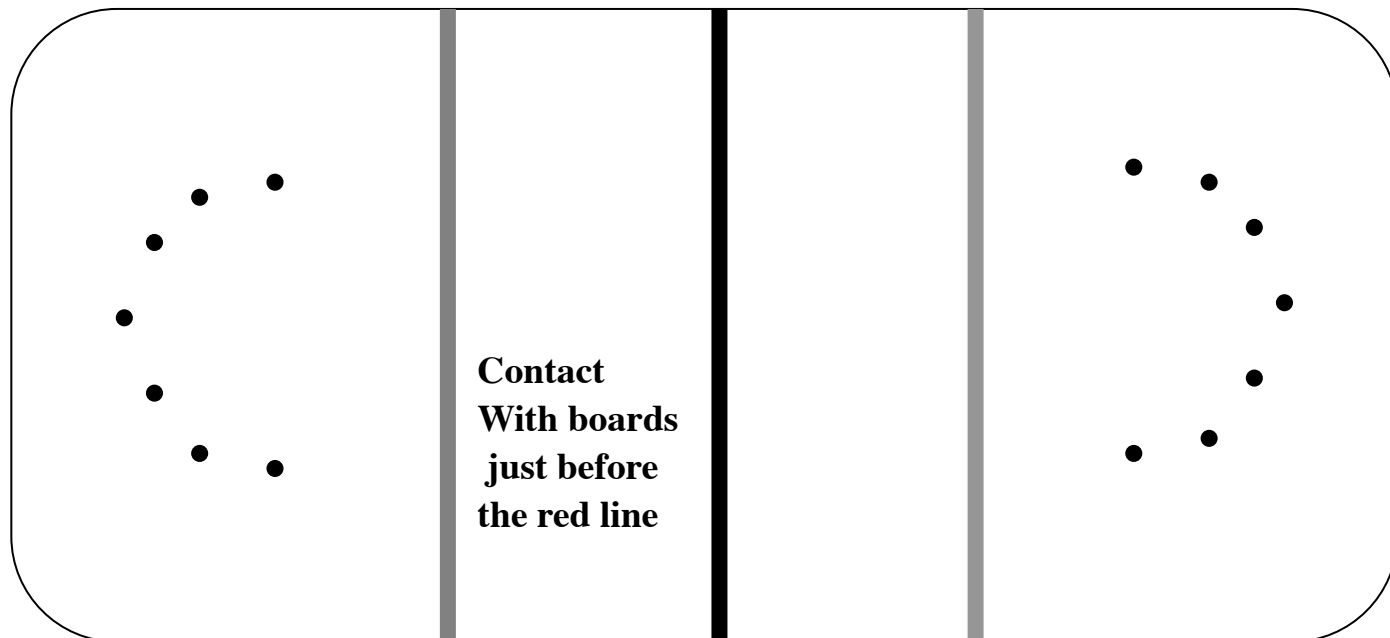
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Please indicate on the diagram where the injury took place:



Description of injury cont'd.

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Is a concussion suspected:  Yes  No

Contact information of individual completing this form:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_