



Soccer Injury Report Form

Please complete this form for any injury including suspected concussion occurring in soccer (game/practice/dryland, etc.) which receives:

- 1) medical attention OR Other: _____
- 2) results in the inability to complete the session in which the injury occurred OR
- 3) results in the player missing at least one day of sporting activity

Team designate completing form: _____

Phone #: _____

Email: _____

1. Player name: _____

2. Team Name: _____

4. Today's date (MM/DD/YY): ____/____/____

5. Injury date (MM/DD/YY): ____/____/____

6. Injury status:

- ☐ New injury
- ☐ Recurrence of injury from this soccer season
- ☐ Recurrence of injury from a previous soccer season

7. Did the player return to play the same game/practice?

☐ No ☐ Yes ☐ Non-soccer injury (Go to 16)

8. At the time of injury, were any of the following worn?

Brace: ☐ Unknown ☐ No ☐ Yes: ☐ Left side ☐ Right side
if yes, worn on: ☐ Knee ☐ Ankle ☐ Wrist ☐ Other: _____

Tape: ☐ Unknown ☐ No ☐ Yes: ☐ Left side ☐ Right side
if yes, worn on: ☐ Knee ☐ Ankle ☐ Wrist ☐ Other: _____

Other: _____

9. Position playing at time of injury:

☐ Forward ☐ Outside Mid ☐ Centre Mid ☐ Defense
☐ Keeper ☐ Other: _____

10. Injury occurred during:

- ☐ Game
 - a) ☐ Regular season ☐ Tournament ☐ Playoff ☐ Exhibition
 - b) Timing of injury: ☐ Warm-up ☐ 1st half ☐ 2nd half
- ☐ Practice on field
- ☐ Other (eg, fitness) Please specify: _____

11. This injury involved:

- ☐ Sudden onset & contact with another player
- ☐ Sudden onset & NO contact with another player
- ☐ Gradual Onset/Overuse (Go to 16) ☐ Unknown (Go to 12)

12. Surface of play:

- ☐ Grass
- ☐ Turf - Outdoor
- ☐ Turf - Indoor
- ☐ Indoor carpet
- ☐ Gym floor

13. Type of game: _____ vs _____

- ☐ Outdoor
- ☐ Indoor:
 - ☐ Boarded ☐ Non-Boarded ☐ Futsal

14. Mechanism of injury (check all that apply):

- ☐ Direct blow to head: ☐ Right ☐ Left ☐ Front ☐ Back
- ☐ Fell & hit head: ☐ Back ☐ Forward ☐ Side
- ☐ Hit head: ☐ On boards ☐ On post ☐ On net ☐ Other: _____
- ☐ Non-head injury

15. Was a foul called directly related to the injury event?

- ☐ No ☐ Yes
- If yes, ☐ Body contact ☐ Boarding ☐ Head-contact
- ☐ Other: _____
- If yes, what was the consequence of the penalty? (Check all that apply)
 - ☐ Free Kick ☐ Penalty Kick ☐ Yellow Card
 - ☐ Red Card ☐ Suspension: length _____
- If yes, who received the penalty? (check all that apply)
 - ☐ Injured player ☐ Injured player's teammate ☐ Other team

16. Describe events surrounding injury:

17. Describe any safety issues with the facility in use when injury occurred?

Soccer Injury Report Form (Appendix B) – This form is required to be completed by the Safety Advocate each time a head injury, including a concussion or a suspected concussion, occurs. The Safety Advocate is responsible for returning the completed form to their Coach (if the Coach is not the Safety Advocate) who in turn will submit it to their member club/organization.

The information collected on this form will be collected and used to assist in identifying and qualifying risk and for statistical purposes.