



2020 INJURY REPORT FORM

INPWL Association: _____ Team: _____

Date of Report: _____ Date Coach informed of injury: _____

Name of injured player: _____ Date of Birth: _____

Team Head Coach: _____ Report Completed by: _____

Date of injury: _____ Time of injury: _____

Field where injury occurred: _____

Exact location of accident: _____

Witnesses: _____

Treatment: _____

Lost practices? Yes No

If Yes, How many? _____

Nature of injury

- | | | | | |
|---|--|--|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Cut/Bruise | <input type="checkbox"/> Fracture | <input type="checkbox"/> Heat Exhaustion | <input type="checkbox"/> Contusion | <input type="checkbox"/> Abrasion |
| <input type="checkbox"/> Insect Bite | <input type="checkbox"/> Sprain/Strain | <input type="checkbox"/> Dislocation | <input type="checkbox"/> Concussion | <input type="checkbox"/> Irritation |
| <input type="checkbox"/> Other (explain): _____ | | | | |

Body Part

- | | | | | |
|---|--------------------------------------|------------------------------------|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Head | <input type="checkbox"/> Scalp/Skull | <input type="checkbox"/> Eye | <input type="checkbox"/> Ear | <input type="checkbox"/> Nose |
| <input type="checkbox"/> Face | <input type="checkbox"/> Mouth/Teeth | <input type="checkbox"/> Jaw | <input type="checkbox"/> Neck | <input type="checkbox"/> Shoulder |
| <input type="checkbox"/> Upper Arm | <input type="checkbox"/> Elbow | <input type="checkbox"/> Forearm | <input type="checkbox"/> Wrist | <input type="checkbox"/> Finger/Thumb |
| <input type="checkbox"/> Back | <input type="checkbox"/> Chest | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Groin | <input type="checkbox"/> Hip |
| <input type="checkbox"/> Thigh | <input type="checkbox"/> Knee | <input type="checkbox"/> Lower Leg | <input type="checkbox"/> Ankle | <input type="checkbox"/> Foot |
| <input type="checkbox"/> Other (explain): _____ | | | | |