

FMS Study: Acute Injury Report Form

Please complete this form when any type of acute injury occurs during a soccer practice or game:

Player's 1st 3 letters/numbers of home postal code: _____

1st 3 letters of school name: _____

1st 3 letters of mother's maiden: _____

Group (ie U13): _____

Gender: Male Female

Date of injury: _____

Body part injured (include left or right): _____

Have you had a similar injury to this body part in the past? Yes/No

Injury occurred during a: Practice? Yes/No Game? Yes/No Other? Yes/No

Could you continue to participate in today's game/practice? Yes/No

If NO, how many days do you think you will need to miss? _____

Will you seek medical advice or treatment of this injury? Yes/No

PLEASE RETURN THIS FORM TO THE GUELPH SOCCER CLUB

OUR LOCATIONS:

ACTON
519-853-8202

BURLINGTON
905-315-7746

CAMBRIDGE
519-220-1704

ELORA
519-846-0019

GEORGETOWN
905-873-3103

GUELPH
519-767-0050

ORANGEVILLE
519-940-0903