

CONNECTICUT INTERSCHOLASTIC ATHLETIC CONFERENCE  
CIAC Field Hockey Head Injury Surveillance Report  
2005 Season

This report must be completed and returned by December 1 to the CIAC office immediately following the 2005 field hockey season. Only indicate injuries serious enough to require a player to miss one or more regular scheduled or tournament games.

School \_\_\_\_\_ Town \_\_\_\_\_ Division \_\_\_\_\_ # of players (9-12) \_\_\_\_\_

**Medical coverage during varsity games** -- \_\_\_ physician \_\_\_ certified athletic trainer \_\_\_ other \_\_\_\_\_

Total number of head injuries on natural grass \_\_\_\_\_

Total number of head injuries on artificial turf \_\_\_\_\_

**Specific injury data:**

1. **Head** (Indicate #) \_\_\_\_\_

\* \_\_\_\_\_ Examined by medical professional

\* \_\_\_\_\_ Surgery required

\* \_\_\_\_\_ Hospitalization required

\* \_\_\_\_\_ Broken bone(s)

Resulted from collision with:

\* \_\_\_\_\_ Player(s)

\* \_\_\_\_\_ Stick

\* \_\_\_\_\_ Ball

\* \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Total number of games missed

2. **Face / Jaw/ Nose** (Indicate #) \_\_\_\_\_

\* \_\_\_\_\_ Examined by medical professional

\* \_\_\_\_\_ Surgery required

\* \_\_\_\_\_ Hospitalization required

\* \_\_\_\_\_ Broken bone(s)

Resulted from collision with:

\* \_\_\_\_\_ Player(s)

\* \_\_\_\_\_ Stick

\* \_\_\_\_\_ Ball

\* \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Total number of games missed

3. **Teeth / Mouth** (Indicate #) \_\_\_\_\_

\* \_\_\_\_\_ Examined by medical professional

\* \_\_\_\_\_ Surgery required

\* \_\_\_\_\_ Hospitalization required

\* \_\_\_\_\_ Broken bone(s)

Resulted from collision with:

\* \_\_\_\_\_ Player(s)

\* \_\_\_\_\_ Stick

\* \_\_\_\_\_ Ball

\* \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Total number of games missed

4. **Eye** (Indicate #) \_\_\_\_\_

- \* \_\_\_\_\_ Examined by medical professional
- \* \_\_\_\_\_ Surgery required
- \* \_\_\_\_\_ Hospitalization required
- \* \_\_\_\_\_ Broken bone(s)

Resulted from collision with:

- \* \_\_\_\_\_ Player(s)
- \* \_\_\_\_\_ Stick
- \* \_\_\_\_\_ Ball
- \* \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Total number of games missed

Comments:

Signed \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Please return to:

CIAC  
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Fax (203) 250-1345