The CIAC and the Connecticut Sports Medicine Committee are collecting injury data on high school cheerleading teams. You are requested to complete the following survey:

TYPE OF TEAM: (Check all that apply)

1. Varsity Sport______ JV______ Freshman______ Activity______
2. Competition: Team_____ Support Team______

TOTAL NUMBER OF INJURIES REQUIRING MEDICAL ATTENTION: (Complete 1-6 for each injury)

1. Body part(s) affected______________________________________________________________
______________________________________________________________________________

2. Medical treatment: athletic trainer, nurse, MD, other___________________________________
______________________________________________________________________________

3. Surgery / medical procedure if required:______________________________________________
______________________________________________________________________________

4. Where injury occurred:
   – practice________________
   – competition_____________
   – athletic contest___________

5. Number of practice / games / competitions missed (if any)_______________________________
______________________________________________________________________________
______________________________________________________________________________

6. State briefly how the injury occurred: (stunts, facilities, equipment, etc.)________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Comments:_____________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Signed_________________________________________ Position__________________________________
School____________________________________________________________________________________