

CHEERLEADING INJURY SURVEILLANCE REPORT 2006-07

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\_\_\_\_\_