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
30 Realty Drive, Cheshire, CT 06410
Fax (203) 250-1345