



IIHF Daily Injury and Illness Report Form

IIHF Championship: _____

National Association: _____

Date: _____ / _____ / _____ (dd/mm/yy)

Using this form, please report if there were any injuries or illnesses sustained by any players on your team (or game officials as for the Officiating Coach) during the above-mentioned day during this IIHF Championship. We would ask that you also report if there were no injuries or illnesses sustained by players on your team during this day of this IIHF Championship. If an injury or an illness was sustained during this day then an IIHF Injury Report Form or an IIHF Illness Report Form must be completed and submitted to the IIHF Medical Supervisor or, in his absence, to the IIHF Directorate Chairman providing the details of the injury or illness sustained.

The definition of an injury used by the IIHF for reporting purposes is as follows:

- | |
|---|
| <ol style="list-style-type: none"> 1. An injury is considered reportable if a player misses a practice or a game because of an injury sustained during a practice or a game 2. The player does not return to the play for the remainder of the game following an injury 3. All concussions 4. All dental injuries 5. Any laceration which requires medical attention 6. All fractures |
|---|

The definition of an illness is a medical complaint that has the symptoms noted in the illness form. All illnesses that involve an absence from practice or a game should also be documented on the form.

Please check (✓) the appropriate box below. Please provide the number of injuries or illnesses sustained if you check article 'A'. TAKE NOTE that illnesses in team staff should also be reported!

Injury and Illness Report	(✓)
A. During this day there were _____ injuries sustained by our team. (number)	<input type="checkbox"/>
B. During this day there were no injuries sustained by our team	<input type="checkbox"/>
A. During this day there were _____ illnesses sustained by our team. (number)	<input type="checkbox"/>
B. During this day there were no illnesses sustained by our team	<input type="checkbox"/>

Team Physician/Medical Representative/
Officiating Coach (print name): _____

Signature: _____

Date: _____

