



TOURNAMENT MEDICAL INCIDENT REPORT

The MHSAA requests that a record of any injury, which results in an athlete being unable to continue in competition, be submitted to the MHSAA office at the conclusion of each MHSAA Tournament in all sports.

Name of Individual: _____

Student – School: _____

Spectator Event Official Other: _____

EVENT INFORMATION:

Tournament Level: _____ Location: _____ Date: ____ / ____ / ____

SPORT: _____ Boys Girls

INJURY/CONDITION:

- Concussion Communicable Disease Dislocation Fracture
- Laceration Nosebleed Respiratory Sprain Strain
- Other _____

BODY PART INJURED/AFFECTED: _____

TREATMENT:

- Ice Suture Tape Compress Wrap
- Other: _____

ACTION:

- Treat/Release Observe/Release Transport Hospitalize
- Return to competition (see other side) Remove from competition
- Referred to _____ Other _____

MEDICAL ATTENTION: Did a medical professional assist in treatment? YES NO

If "yes" - Name: _____ Title: _____

COMMENTS: _____

Tournament Manager (print): _____

Manager (signature): _____ Date: _____