



# Vermont State Amateur Hockey Association

www.vermonthockey.org

## Video Review Request Injury Report Form

One form must be completed for each injury and be signed by a licensed medical professional.

An injury is defined as any hockey related ailment, that kept a player out of practice or competition for at least 24 hours or required medical attention.

### PLAYER INFORMATION

Players Full Name:	
USAH Confirmation #	
Member Association	

### INJURY DETAILS

<input type="checkbox"/> Contusion	<input type="checkbox"/> Laceration	<input type="checkbox"/> Strain
<input type="checkbox"/> Sprain	<input type="checkbox"/> Fracture	<input type="checkbox"/> Dislocation
<input type="checkbox"/> Concussion*	<input type="checkbox"/> Other: _____	
Brief description of injury:		
What action was taken for injury?		
Has a USA Hockey Insurance Claim been submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No ( <a href="https://www.usahockey.com/filingclaim">https://www.usahockey.com/filingclaim</a> )	

### LICENSED MEDICAL PROFESSIONAL

Name:		Title:	
Medical Practice Name:			
Signature:			

\*All concussions must reported to the New England District and a Return To Play Form will be required: <https://sites.google.com/view/nedplayersafety/concussion>