

SPEED SKATING CANADA INJURY REPORTING FORM

Members must use this form to report all serious injuries sustained in a training environment and all injuries sustained in a competition environment within 10 days of the incident, as per SSC's Injury Reporting Policy (Section 7 of SSC's Safe Sport Policy Manual).

The information collected in this form will be used for injury follow-up and to analyze incident trends related to speed skating training and competition environments with the purpose of implementing preventive measures pertaining to safety of the sport.

Competition Information				
Name of Competition:	☐ Short Track ☐ Long Track			
Date of Competition:	Location:			
Sanction Type: SSC Championship Ability Canada Cup/International Festival	☐ Age Class ☐ Marathon			
Skater Information				
Full Name:	Age:			
Email Contact as Listed on IceReg:				
Ability Level: New to Speed Skating Experienced Speed Skater	☐ Limited Experience			
Race Information				
Skater's Category:	Open			
Did the condition of the ice play a role in the injury?	☐ Yes ☐ No			

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Did the skater's equipment contribut	e to the injury?	☐ Yes ☐ No
Did the skater hit the protective pado	ding?	☐ Yes ☐ No
Protective Padding Level: 🔲 1	□ 2 □ 3 □ 4 [□ 5
Injury Description		
Accident/Injury Occurred in:	aining \square Competition	
Accident/Injury Occurred:	-lce	
Cause: Contact with Person Contact with Ice Injury Severity:	☐ Contact with Equipout ☐ Non-Contact Injury	ment
☐ Resumed Activity	☐ Withdrew from Act	ivity Transported to Hospital
Body Part: Face Upper Back Abdomen/Pelvis/Buttock Elbow/Forearm	☐ Head ☐ Sternum/Ribs ☐ Shoulder/Clavicle/l ☐ Wrist/Hand/Fingers	
☐ Hip/Groin	☐ Thigh	☐ Knee
☐ Lower Leg/Achilles Tendo	on	☐ Ankle/Foot
Type of Injury: Concussion Dislocation/Subluxation Tendon/Rupture	☐ Fracture ☐ Lesion of Meniscus ☐ Ligaments (Sprain)	Muscle Strain/Tear
☐ Contusion/Bruise☐ Arthritis/Synovitis/Bursit	☐ Chronic Tendinopat is	hy U Nerve/Spinal Cord Laceration/Abrasion
☐ Muscle Cramps/Spasm	Other:	



Description of Injury:

Description of Accident / How the Injury was Sustained:		
On-site Medical Attention:		
Signature:	Full Name:	
Date:		
This form shall be submitted by a club offical, competition Event Coordinator, competition Medical Coordinator, or their designee to safesport@speedskating.ca .		