



Speed Skating BC (SSBC) collects statistics on accidents causing injury that occur during speed skating activities for the purpose of increasing the safety in the sport of speed skating. This information may also be used in the event of an insurance claim resulting from the injury. This form is to be filled out by the qualified individual who provided first aid; at competitions where first aid attendants are present, they fill out the form. This is a private document and should always be kept in confidence.

Member Name: _____

Date/time of injury: _____

Member's home club: _____

Member's ability level: Beginner Developmental Performance

Event: Club practice on-ice Club practice off-ice Competition

Ice conditions: Good Average Poor

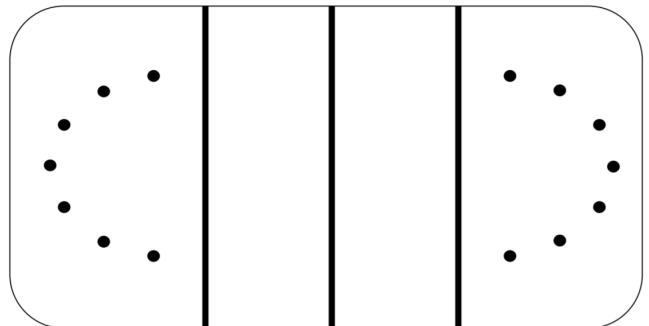
Protective padding: Yes No

Safety equipment: Helmet Glasses with strap Neck protection

Cut-proof gloves Knee pads Shin guards

Ankle protection Cut-proof suit (partial) Cut-proof suit (full)

Describe the accident leading to the injury:



Suspected injury: Laceration (cut) Soft tissue injury (sprain, strain)
 Bony injury Concussion *please also complete the addendum
 Internal injury Other: _____

First aid provided: _____

Describe how the accident and/or injury could have been avoided: _____

Form completed by: _____



Concussion Addendum

Please complete this addendum *in addition to* the first page for any injuries involving a suspected concussion. It is highly recommended that the member take a copy of the Injury Report Form and the Concussion Addendum if they are reporting for medical assessment.

The member was evaluated for a suspected concussion due to:

- The First Aid Personnel at a competition initiate the screen; and/or
- Any official at a competition requests a screen; and/or
- The member or the member's own support team (parent/guardian, coach, and team manager) requests the screen at a competition or practice.

Result of evaluation:

- The member, parent/guardian or the member's coach/manager refuses the screen, the member will be removed from the practice/competition.
- A licensed healthcare professional completes a sideline assessment with no suspicion of a concussion, the member may return immediately to active participation.
- The following signs and symptoms of a concussion were recognized:

Per the SSBC Sport Injury Management Guidelines, if a concussion is suspected, the member will be removed from the practice or competition. The member will not be allowed to return to the practice or competition unless a physician's note clearing the skater for RTP has been obtained. The following recommendations were made to the member who has signs and symptoms of a possible concussion:

Form completed by: _____

Acknowledgement signature of Chief Referee: _____

Acknowledgement signature of skater or guardian: _____