



2017 Football Playoff Injury Report

The fields in this form will accept a cursor and can be filled out prior to printing.

Illinois High School Association
 2715 McGraw Dr., Bloomington, IL 61704
 Phone: 309-663-6377
 Fax: 309-663-7479

NOTE: This form must be completed and returned to the IHSA Office as soon as you have played your last game in the 2017 Playoffs.

School:

Injury Type: **Type A** - had to leave the game for at least one play.

Football Class:

Type B - Unable to return to that game but played or could have played the next game.

Person completing this form:

Type C - Unable to play the next game.

Position:

Mark the appropriate category with the number of results in that category.

Site	Game 1			Game 2			Game 3			Game 4			Title Game			Total		
	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C
Cervical Strain/Sprain																		
<i>Concussion*</i>																		
Burner																		
Clavicle																		
Shoulder																		
Separation																		
Dislocation																		
Upper Arm																		
Elbow																		
Lower Arm																		
Wrist																		
Hand																		
Torso/Rib																		
Chest																		
Lower Back																		
Hip																		
Upper Leg																		
<i>Knee*</i>																		
Medial Collateral																		
Meniscus																		
ACL																		
Lower Leg																		
Ankle																		
Foot																		
Other																		
Total																		

*Please complete both pages of this report. We are requesting additional information concerning playing surface and specifics about any knee injuries or concussions.

Playing Surface and Weather Conditions

Game 1	<input type="radio"/> Natural Grass <input type="radio"/> Artificial Turf <input type="radio"/> Sport Turf	Comments:	<div style="border: 1px solid black; height: 60px;"></div>
Game 2	<input type="radio"/> Natural Grass <input type="radio"/> Artificial Turf <input type="radio"/> Sport Turf	Comments:	<div style="border: 1px solid black; height: 60px;"></div>
Game 3	<input type="radio"/> Natural Grass <input type="radio"/> Artificial Turf <input type="radio"/> Sport Turf	Comments:	<div style="border: 1px solid black; height: 60px;"></div>
Game 4	<input type="radio"/> Natural Grass <input type="radio"/> Artificial Turf <input type="radio"/> Sport Turf	Comments:	<div style="border: 1px solid black; height: 60px;"></div>
Title Game	<input type="radio"/> Natural Grass <input type="radio"/> Artificial Turf <input type="radio"/> Sport Turf	Comments:	<div style="border: 1px solid black; height: 60px;"></div>

Knee Injuries/Concussions

Injury Type	<input type="radio"/> Knee <input type="radio"/> Concussion	Brief account of injury:	<div style="border: 1px solid black; height: 100px;"></div>
Location of Injury	<input type="radio"/> Close Line Play <input type="radio"/> Open Field		
Injury Type	<input type="radio"/> Knee <input type="radio"/> Concussion	Brief account of injury:	<div style="border: 1px solid black; height: 100px;"></div>
Location of Injury	<input type="radio"/> Close Line Play <input type="radio"/> Open Field		
Injury Type	<input type="radio"/> Knee <input type="radio"/> Concussion	Brief account of injury:	<div style="border: 1px solid black; height: 100px;"></div>
Location of Injury	<input type="radio"/> Close Line Play <input type="radio"/> Open Field		

Complete and return this form to the Illinois High School Association, 2715 McGraw Dr., Bloomington, IL, 61704 or fax to (309) 663-7479 as soon as you have played your last game in the playoffs.

Signature of Principal/Official Representative _____ Date _____