

FOOTBALL REPORT FOR FALL 2023

Varsity high school football only. This covers the entire season starting with the first practice on July 31 and will include all practices, all scrimmages and all games including playoffs.

School _____

This report is for the week of (mark box with an X)

7/31	<input type="checkbox"/>	8/28	<input type="checkbox"/>	9/25	<input type="checkbox"/>	10/23	<input type="checkbox"/>	11/20	<input type="checkbox"/>
8/7	<input type="checkbox"/>	9/4	<input type="checkbox"/>	10/2	<input type="checkbox"/>	10/30	<input type="checkbox"/>	11/27	<input type="checkbox"/>
8/14	<input type="checkbox"/>	9/11	<input type="checkbox"/>	10/9	<input type="checkbox"/>	11/6	<input type="checkbox"/>		<input type="checkbox"/>
8/21	<input type="checkbox"/>	9/18	<input type="checkbox"/>	10/16	<input type="checkbox"/>	11/13	<input type="checkbox"/>		<input type="checkbox"/>

During the previous week (Monday through Saturday) report ALL concussions and then list all other injuries that you referred for additional treatment. – PLEASE USE THE ONLINE FORMS FOR THIS INFORMATION

CONCUSSION

Player Position At the time of injury	Practice	Scrimmage	Game	Transported by Ambulance	Was this season ending?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

INJURIES (not concussions) (ex.: heat, fracture, dislocation, laceration, sprain, strain)

Player Position At the time of injury	Injury (briefly describe include right or left)	Practice	Scrimmage	Game	Transported by Ambulance	Was this season ending?
<i>Example: QB</i>	<i>right shoulder</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Was there a game last week: ___N ___Y Home _____ or AWAY at _____

Ambulance present at kick off? Y N Ambulance present at game's end? Y N

Physician present on your sideline? Y N MD DO DC

Did you attend this game? Y N

If not, who covered?	Credentials:
Person completing this report:	Credentials:

Please send form to:

DR DAN MARTIN, LAT, ATC

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Questions? Please contact WVSSAC (304) 485-5494

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