**FOOTBALL REPORT FOR FALL 2019**

Varsity high school football only. This covers the **entire** season starting with the first practice only July 30 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)

8/5-8/10 [ ]  9/2-9/7 [ ]  9/30-10/5 [ ]  10/28-11/2 [ ]  11/25-11/30 [ ]

8/12-8/17 [ ]  9/9-9/14 [ ]  10/7-10/12 [ ]  11/4-11/9 [ ]  12/2-12/7 [ ]

8/19-8/24 [ ]  9/16-9/21 [ ]  10/14-10/19 [ ]  11/11-11/16 [ ]

8/26-8/31 [ ]  9/23-9/28 [ ]  10/21-10/26 [ ]  11/18-11/23 [ ]

During the previous week (Monday through Saturday) list ALL concussions and then list all other injuries that you referred for additional treatment.

**CONCUSSION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Player Position** | **Practice** | **Scrimmage** | **Game** | **Transported by Ambulance** | **Was this season ending?** |
| *Example: Wide receiver* | [ ]  | [ ]  | [ ]  | [ ]  | Y [ ]  N [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  | Y [ ]  N [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  | Y [ ]  N [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  | Y [ ]  N [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  | Y [ ]  N [ ]  |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Player Position** | **Injury(briefly describe include right or left)** | **Practice** | **Scrimmage** | **Game** | **Transported by Ambulance** | **Was this season ending?** |
| *Example: QB* |  | [ ]  | [ ]  | [ ]  | [ ]  | Y [ ]  N [ ]  |
|  |  | [ ]  | [ ]  | [ ]  | [ ]  | Y [ ]  N [ ]  |
|  |  | [ ]  | [ ]  | [ ]  | [ ]  | Y [ ]  N [ ]  |
|  |  | [ ]  | [ ]  | [ ]  | [ ]  | Y [ ]  N [ ]  |
|  |  | [ ]  | [ ]  | [ ]  | [ ]  | Y [ ]  N [ ]  |

If there was a game last week:
Ambulance present at kick off? Y [ ]  N [ ]  Ambulance present at game’s end? Y [ ]  N [ ]

Physician present on 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:**

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**Questions? Please contact WVSSAC (304) 485-5494**

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