**FOOTBALL REPORT FOR FALL 2022**

Varsity high school football only. This covers the **entire** season starting with the first practice on August 1 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)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 8/1-8/6 | 8/29- 9/3 | 9/26-10/1 | 10/24-10/29 | 11/21-11/26 |
| 8/8-8/13 | 9/5-9/10 | 10/3-10/8 | 10/31-11/5 | 11/28 -12/3 |
| 8/15-8/20 | 9/12-9/17 | 10/10-10/15 | 11/7-11/12 | 12/5 -12/10 |
| 8/22-8/27 | 9/19-9/24 | 10/17-10/22 | 11/14-11/19 | 12/12 -12/17 |

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?** |
|  |  |  |  | Yes No | Yes No |

**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?** |
| *Example: QB* | *right shoulder* |  | *X* |  | Yes ***No*** | Yes ***No*** |
|  |  |  |  |  |  | Yes No |
|  |  |  |  |  |  | Yes No |
|  |  |  |  |  |  | Yes No |
|  |  |  |  |  |  | Yes No |

|  |
| --- |
| 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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