



**TOURNAMENT MEDICAL INCIDENT REPORT**  
 The MHSAA requests that a record of any injury, which results in an athlete being unable to continue in competition, be submitted to the MHSAA office at the conclusion of each MHSAA Tournament in all sports.

Spectator  
 Event Official  
 Athlete \_\_\_\_\_ School \_\_\_\_\_  
 Other \_\_\_\_\_

Male  Female Dist # \_\_\_\_\_ Reg # \_\_\_\_\_ QF # \_\_\_\_\_ SF # \_\_\_\_\_ F # \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**CIRCLE SPORT:** BA BKT CC XC FB GO GY IH SK SO SB SWD TN  
 TR VB WR OTHER: \_\_\_\_\_

**INJURY/CONDITION:**  Sprain  Laceration  Concussion  Fracture  Nose Bleed  
 Dislocation  Strain  Respiratory  Communicable Disease  
 Other \_\_\_\_\_

**BODY PART INJURED/AFFECTED:** \_\_\_\_\_

**TREATMENT:**  Ice  Tape  Wrap  Suture  Compress  
 Other \_\_\_\_\_

**ACTION:**  Treat/Release  Observation/Release  Transport  Hospitalize  
 Return to Competition (see other side)  Remove from Competition  
 Referred to \_\_\_\_\_  
 Other \_\_\_\_\_

**MEDICAL ATTENTION:** Did a medical professional assist in treatment?  Yes  No  
 If "yes" Name: \_\_\_\_\_ Title: \_\_\_\_\_

**COMMENTS:**

**TOURNAMENT MANAGER SIGNATURE:** \_\_\_\_\_

DATE \_\_\_/\_\_\_/\_\_\_ PRINT NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_

Copies to: MHSAA  
 1661 Ramblewood Drive  
 East Lansing, MI 48823

Optional Copies: Athletic Director  
 Team Coach  
 Fax: 517-332-4071