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  Optional Copies: Athletic Director
1661 Ramblewood Drive  Team Coach
East Lansing, MI 48823  Fax: 517-332-4071