ONTARIO TABLE TENNIS

SPORT INJURY REPORT FORM

This form should be completed by a club official at the time of an accident, injury or other incident during a club sanctioned, organized and/or supervised activity. Please forward the form to Ontario Table Tennis Association within 2 days of the accident/incident.

SUBMIT COMPLETED FORM TO:
Ontario Table Tennis Association
9140 Leslee Street, Suite 110
Richmond Hill, Ontario
otta@ontariotabletennis.com

SECTION A: INJURED

☐ PLAYER ☐COACH ☐SPECTATOR ☐OTHER

First Name: _____ Last Name: _____ GO#: _____

Address: _____ City: _____ Prov: _____ PC: _____

Phone #: _____ DOB (mm/dd/yyyy): _____ Years of Experience: _____

Name of Coach at time of accident: _____ Coach Phone #: _____

NCCP#: _____ Certification: _____ Coach GO#: _____

Witness Name: _____ Witness Phone #: _____

Club/Site Name: _____

How long into training/event did injury occur? Hours ____ Minutes ____

Injury Occurred During: ☐ Recreational Practice ☐ Competitive Practice ☐ Birthday Party ☐ Club Sanctioned Event: _____

SECTION B: DETAILS OF INJURY

Event/Location:
☐ Approved Equipment ☐ Homemade Equipment
Brand/Type:

Surface (ex. Mats, floor, apparatus):

Describe HOW the injury happened and the skill/activity the individual was trying to attempt

Activity Involved:
☐ Stretching/Conditioning ☐ Element Practice ☐ Approach
☐ Other, please specify: _____

Situation:
☐ Fall (slip/trip/pushed/lost balance) ☐ Missed
☐ Collision with person
☐ Collision with other object ☐ Non-contact injury
☐ Other, please specify: _____

Injured Body Part:

☐ Left	☐ Forearm	☐ Elbow	☐ Hand	☐ Finger
☐ Right	☐ Shoulder	☐ Chest	☐ Abdomen	☐ Spine
☐ Both	☐ Buttocks	☐ Hamstring	☐ Thigh	☐ Knee
☐ N/A	☐ Calf	☐ Foot	☐ Ankle	☐ Toe
	☐ Head	☐ Face	☐ Teeth	☐ Neck

Nature of Injury:
☐ Sprain/strain ☐ Dislocation ☐ Fracture
☐ Concussion/head injury ☐ Other, please specify:
_____

Injury Classification:
☐ New injury ☐ Re-injury ☐ Acute injury ☐ Chronic injury
☐ Recurrent injury sport ☐ Recurrent injury non-sport
☐ Complication of prior injury

Initial Treatment:
☐ RICE (Rest, Immobilize, Cold, Elevate)
☐ CPR ☐ Manual Therapy ☐ Sling/splint ☐ Wrapping/taping
☐ Dressing ☐ Stretch/exercise ☐ None - referred elsewhere

Symptoms:
☐ Shortness of breath ☐ Loss of feeling
☐ Pain ☐ Dizziness ☐ Loss of consciousness/fainting*

Disposition:
☐ Self-transport ☐ EMS care ☐ On-site only ☐ Hospital care
☐ Refused care ☐ Other, please specify: _____

*** All loss of consciousness or fainting requires IMMEDIATE medical follow up – CALL 911**

Referral:
☐ Family doctor ☐ Physiotherapist ☐ No referral
☐ Other, please specify: _____

☐ Other, please specify: _____

Clubs should FOLLOW UP after the incident and report results, if applicable.

Date of Injury:	**Current Date:**
Club Official:	**Signature:**

*Sport Accident Insurance is provided for members registered with Ontario Table Tennis Association for "out of pocket medical expenses" due to a sustained injury while participating in a sanctioned activity.
**Any personal information collected on this form is strictly confidential and will not be disclosed to a third party.
*** Please do not forward this form to Jones Brown Insurance.

JONES BROWN