



Memorandum

To: State Association Executive Officers

From: Robert F. Kanaby/Bob Colgate

Subject: Continued Research—Updated Catastrophic Injury and Fatality Reporting Forms

Date: September 2009

Dr. Fred Mueller at the University of North Carolina is continuing the research projects that have been going on for a number of years. The football fatality research and data collection has been done since 1931. The football catastrophic research started in 1977 at the University of North Carolina and the research on fatalities and catastrophic injuries in all other sports was added beginning in 1982. Presently, Dr. Fred Mueller coordinates all the research through funding by the NCAA and the American College Football Coaches Association with cooperation for data collection through the NFHS at the high school level. He has assisted with some of the catastrophic research by Dr. Robert Cantu, Concord, Massachusetts.

It is important that you contact each school in your state to inform them of the catastrophic data collection system that is in place. We are concerned that many of the schools are not aware of this program and are not informing the state offices when a catastrophic athletic injury, including cheerleading, occurs. Many important decisions (rules changes, equipment changes, insurance rates, etc.) are based on this data and it is essential that we have accurate information. Excellent examples are the swimming and diving and pole vault rules changes that have been implemented due to the catastrophic injury reports. Catastrophic injuries are listed as follows:

1. Fatalities.
2. Permanent disability injuries.
3. Serious injuries (fractured neck or serious head injury) even though the athlete has a full recovery.
4. Temporary or transient paralysis (athlete has no movement for a short time, but has a complete recovery).

As you will note from the sample forms enclosed and the explanatory letter from Dr. Mueller, consent forms and a permission slip have to be used in order to collect information under existing regulations.

Mailing Address: PO Box 690 | Indianapolis, Indiana 46206 | **Phone:** 317-972-6900 | **Fax:** 317.822.5700 | www.nfhs.org

Shipping Address: NFHS Distribution Center | 1802 Alonzo Watford Sr. Drive | Indianapolis, Indiana 46202

Whenever a fatality or catastrophic injury occurs in any of your member schools, please take the following steps in reporting the incident:

1. Complete and sign the appropriate consent form:
 - a. Parent consent – **Form A**, should be used if student is under 18, or over 18 but physically unable to sign signature (i.e. paralysis, fatality).
 - b. Student consent – **Form B**, should be used only if the student is over 18 and physically able to sign signature.
 - c. Please share the appropriate letter from Dr. Mueller with the parents or the athlete that explains the research study.
2. Complete and sign the appropriate UNC IRB Assent to Participate in a Research Study form.
 - a. One form will need to be completed and signed, based on the age of the student if under age 18:
 - i. Assent to Participate in a Research Study – Minor Subjects (7-14 yrs) – **Form C**, should be used if the student's age is 7-14.
 - ii. Assent to Participate in a Research Study – Adolescent Participants age 15-17 - Social Behavioral Form – **Form D**, should be used if the student's age is 15-17.
3. Complete and sign the HIPAA Authorization for Use of Protected Health Information – **Form E**.
4. Complete the appropriate catastrophic sports injury and fatality questionnaire form for the sport involved: *(To be completed by the Coach or the Certified Athletic Trainer)*
 - a. Football Catastrophic Injuries and Fatalities (FOOTBALL ONLY) – Questionnaire – **Form F**.
 - b. All other Catastrophic Sports Injuries and Fatalities (NON-FOOTBALL) – Questionnaire – **Form G**.
5. Please keep a copy of all of the completed form(s) for your files.
6. Mail the completed reporting form, signed consent form, HIPAA Authorization form and appropriate IRB Permission to Participate in a Research Study form(s) to Fred Mueller, Ph.D. at the address indicated on the enclosed forms.

We do not use the name of the state, school, or student in making reports. Even though it is often difficult to get the packet completed, the information is very valuable and your efforts to obtain the information are appreciated. It would help if all schools were informed about this research and knew how to report these types of injuries to your office during the school year.

Attached are copies of the consent forms and reporting forms (**Forms A-G**).

Thank you for your continued help and cooperation with the researchers.

RFK/BC:kya
attachments



**NATIONAL CENTER FOR CATASTROPHIC
SPORTS INJURY RESEARCH**

*DIRECTOR: FREDERICK O. MUELLER, Ph.D.
MEDICAL DIRECTOR: ROBERT C. CANTU, M.D.*

CB 8605, 311 Woolen
The University of North Carolina at Chapel Hill
Chapel Hill, North Carolina 27599-8605
(919) 962-2021 (919) 962-7060

Chairman, Department of Surgery
Emerson Hospital
Concord, MA 01742
(508) 369-1386

September 2009

Dear Parent(s):

I am very sorry to have to contact you under these circumstances and hope you will forgive this intrusion of your privacy. We were very sorry to hear about the injury to your (son/daughter). The National Center for Catastrophic Sports Injury Research located at the University of North Carolina at Chapel Hill is conducting a study titled Catastrophic Sports Injury Research. The purpose of the research is to collect background data (age, height, weight, playing experience, previous injury experience, etc.) for high school and college athletes receiving a catastrophic injury (death, permanent disability, serious). The research is being conducted with the assistance of the National Federation of State High School Associations and the National Collegiate Athletic Association. The athletic trainer or coach will be the person collecting the data.

Enclosed is a fact sheet that details information about this study and a consent form for you and your (son/daughter) to sign if you consent to participate by completing the enclosed questionnaire.

Thank you for your help and feel free to contact me if you need additional information.

Sincerely Yours,

Frederick O. Mueller, Ph.D.
Director

NCAA National Collegiate Athletic Association

NFHS National Federation of State High School Associations

AFCAs American Football Coaches Association

AANS American Association of Neurological Surgeons

NAIA National Association of Intercollegiate Athletics

NJCA National Junior College Athletic Association



**NATIONAL CENTER FOR CATASTROPHIC
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***DIRECTOR: FREDERICK O. MUELLER, Ph.D.
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CB 8605, 311 Wooten
The University of North Carolina at Chapel Hill
Chapel Hill, North Carolina 27599-8605
(919) 962-2021 (919) 962-7060

Chairman, Department of Surgery
Emerson Hospital
Concord, MA 01742
(508) 369-1386

September 2009

Dear Athlete:

I was very sorry to hear about your recent sport injury and having to contact you under these circumstances. I hope you will forgive the intrusion of your privacy. The University of North Carolina at Chapel Hill Department of Exercise and Sport Science is conducting a study titled Catastrophic Sports Injury Research. The purpose of the research is to collect background data (age, height, weight, playing experience, previous injury experience, etc.) and injury data (type and body part injured, how injured, medical evaluation, medical care, equipment, game or practice, new or old injury) for high school and college athletes receiving a catastrophic or serious injury. The research is being conducted with the National Federation of State High School Associations and the National Collegiate Athletic Association. Your athletic trainer or coach will complete the questionnaire.

Enclosed is a fact sheet that details information about the study and a consent form for you to sign if you agree to participate by completing the enclosed questionnaire.

Thank you for your help and feel free to contact me if you need additional help.

Sincerely,

Frederick O. Mueller, Ph.D.
Director

NCAA National Collegiate Athletic Association

NFHS National Federation of State High School Associations

AFCA American Football Coaches Association

AANS American Association of Neurological Surgeons

NAIA National Association of Intercollegiate Athletics

NJCA National Junior College Athletic Association

**University of North Carolina-Chapel Hill
Parental Permission for a Minor Child to Participate in a Research Study
Social Behavioral Form**

IRB Study # 05-0018

Consent Form Version Date: 7/6/09

Title of Study: National Center for Catastrophic Sports Injury Research

Principal Investigator: Frederick O. Mueller, Ph.D.

UNC-Chapel Hill Department: Exercise and Sport Science

UNC-Chapel Hill Phone number: 919-962-5171

Email Address: mueller@email.unc.edu

Co-Investigators: Robert C. Cantu, M.D.

Funding Source: National Collegiate Athletic Association

Study Contact telephone number: 919-962-5171

Study Contact email: mueller@email.unc.edu

What are some general things you should know about research studies?

You are being asked to allow your child to take part in a research study. To join the study is voluntary. You may refuse to give permission, or you may withdraw your permission for your child to be in the study, for any reason.

Research studies are designed to obtain new knowledge. This new information may help people in the future. Your child may not receive any direct benefit from being in the research study. There also may be risks to being in research studies.

Details about this study are discussed below. It is important that you understand this information so that you and your child can make an informed choice about being in this research study.

You will be given a copy of this permission form. You and your child should ask the researchers named above, or staff members who may assist them, any questions you have about this study at any time.

What is the purpose of this study?

The purpose of this research study is to learn about catastrophic (deaths, disability, serious) sport injuries at the high school and college levels in order to help make sports safer for the participants.

How many people will take part in this study?

If your child is in this study, your child will be one of approximately 50 people each year in this research study.

How long will your child's part in this study last?

Your child will be in this study only for the amount of time it takes to complete the questionnaire. There may be a follow-up questionnaire at a later date.

What will happen if you child takes part in this study?

If your child takes part in the study, he/she will be asked to complete a questionnaire concerning the sport injury. If there is a question he/she does not want to answer that is not a problem.

What are the possible benefits from being in this study?

Research is designed to benefit society by gaining new knowledge. Your child may not benefit personally from being in this research study, but his/her participation may help reduce the number of catastrophic sport injuries to future participants.

What are the possible risks or discomforts involved from being in this study?

There are no risks involved in this study.

How will your child's privacy be protected?

All information will be kept confidential and names of individuals or schools will never be used. Data will be in a locked office and access will be limited to the research team.

Participants will not be identified in any report or publication about this study. Although every effort will be made to keep research records private, there may be times when federal or state law requires the disclosure of such records, including personal information. This is very unlikely, but if disclosure is ever required, UNC-Chapel Hill will take steps allowable by law to protect the privacy of personal information. In some cases, your information in this research study could be reviewed by representatives of the University, research sponsors, or government agencies for the purpose such as quality control or safety.

Will your child receive anything for being in this study?

Your child will not receive anything for taking part in this study.

Will it cost you anything for your child to be in this study?

There will be no costs for being in the study.

What if you or your child has questions about this study?

You and your child have the right to ask, and have answered, any questions you may have about this research. If you have questions, or concerns, you should contact the researchers listed on the first page of this form.

What if you or your child has questions about your child's rights as a research participant?

All research on human volunteers is reviewed by a committee that works to protect your child's rights and welfare. If you or your child has questions or concerns about your child's rights as a research subject you may contact, anonymously if you wish, the Institutional Review Board at 919-966-3113 or by email to IRB_subjects@unc.edu.

PARENT'S AGREEMENT

I have read the information provided above. I have asked all the questions I have at this time. I voluntarily give permission to allow my child to participate in this research study.

Printed Name of Research Participant (Child)

Signature of Parent

Date

Printed Name of Parent

**University of North Carolina-Chapel Hill
Consent to Participate in a Research Study
Adult Participants
Social Behavioral Form**

IRB Study # 05-0018
Consent Form Version Date: 7/6/09

Title of Study: National Center for Catastrophic Sports Injury Research

Principal Investigator: Frederick O. Mueller
UNC-Chapel Hill Department: Exercise and Sport Science
UNC-Chapel Hill Phone number: 919-962-5171
Email Address: *Mueller@email.unc.edu*
Co-Investigators: Robert C. Cantu, M.D.
Funding Source: National Collegiate Athletic Association

Study Contact telephone number: 919-962-5171
Study Contact email: *mueller@email.unc.edu*

What are some general things you should know about research studies?

You are being asked to take part in a research study. To join the study is voluntary. You may refuse to join, or you may withdraw your consent to be in the study, for any reason, without penalty.

Research studies are designed to obtain new knowledge. This new information may help people in the future. You may not receive any direct benefit from being in the research study. .

Details about this study are discussed below. It is important that you understand this information so that you can make an informed choice about being in this research study. You will be given a copy of this consent form. You should ask the researchers named above, or staff members who may assist them, any questions you have about this study at any time.

What is the purpose of this study?

The purpose of this research study is to learn about catastrophic (deaths, disability, and serious) injuries in high school and college sports and to use this information to make these sports safer for the participants.

You are being asked to be in the study because we have received information indicating that you have received a catastrophic injury.

How many people will take part in this study?

If you decide to be in this study, you will be one of approximately 50 people in this research study each year. The research has been conducted since the 1982-83 school year.

How long will your part in this study last?

You will be in the study for only one year, with the chance that there could be a follow-up questionnaire in the future. If you take part in this study you will be asked to complete a questionnaire asking for information concerning your injury and exactly how it happened.

What are the possible benefits from being in this study?

Research is designed to benefit society by gaining new knowledge. You may not benefit personally from being in this research study, but the information we receive from you may help prevent a catastrophic injury to future sports participants.

What are the possible risks or discomforts involved from being in this study?

There are no risks involved in this research project, but you should report any problems to the researcher.

How will your privacy be protected?

All information will be kept confidential and names of individuals or schools will never be used. Data will be kept in a locked office and access will be limited to the research team.

Participants *will not* be identified in any report or publication about this study. Although every effort will be made to keep research records private, there may be times when federal or state law requires the disclosure of such records, including personal information. This is very unlikely, but if disclosure is ever required, UNC-Chapel Hill will take steps allowable by law to protect the privacy of personal information. In some cases, your information in this research study could be reviewed by representatives of the University, research sponsors, or government agencies for purposes such as quality control or safety.

Will you receive anything for being in this study?

You will not receive anything for taking part in this study.

Will it cost you anything to be in this study?

There will be no costs for being in the study

What if you have questions about this research?

You have the right to ask, and have answered, any questions you may have about this research. If you have questions, or concerns, you should contact the researchers listed on the first page of this form.

What if you have questions about your rights as a research participant?

All research on human volunteers is reviewed by a committee that works to protect your rights and welfare. If you have questions or concerns about your rights as a research subject you may contact, anonymously if you wish, the Institutional Review Board at 919-966-3113 or by email to IRB_subjects@unc.edu.

Participant's Agreement

I have read the information provided above. I have asked all the questions I have at this time. I voluntarily agree to participate in this research study.

Signature of Research Participant

Date

Printed Name of Research Participant

**University of North Carolina-Chapel Hill
Assent to Participate in a Research Study
Minor Subjects (7-14 yrs)**

IRB Study # 05-0018

Consent Form Version Date: 7/6/09

Title of Study: National Center for Catastrophic Sports Injury Research

Person in charge of study: Frederick O. Mueller, Ph.D.

Where they work at UNC-Chapel Hill: Department of Exercise and Sport Science

Other people who work on the study: Robert C. Cantu, M.D.

Study contact phone number: 919-962-5171

Study contact Email Address: mueller@email.unc.edu

The people named above are doing a research study.

These are some things we want you to know about research studies:

Your parent needs to give permission for you to be in this study. You do not have to be in this study if you don't want to, even if your parent has already given permission.

You may stop being in the study at any time. If you decide to stop, no one will be angry or upset with you.

Sometimes good things happen to people who take part in studies, and sometimes things we may not like happen. We will tell you more about these things below.

Why are they doing this research study?

To help make sports safer for future participants

Why are you being asked to be in this research study?

You are being asked to participate due to your having a catastrophic sports injury

How many people will take part in this study?

If you decide to be in this study, you will be one of about 50 people each year in this research study.

What will happen during this study?

You will be asked to complete a questionnaire concerning your sports injury and will have no other responsibilities. There is a chance that there will be a follow-up questionnaire in the future.

Who will be told the things we learn about you in this study?

Only the researchers and your parents will have access to the information on the questionnaire.

What are the good things that might happen?

People may have good things happen to them because they are in research studies. These are called "benefits." There is little chance you will benefit from being in this research study, but the information you provide might help reduce catastrophic sports injuries for future participants.

What are the bad things that might happen?

Sometimes things happen to people in research studies that may make them feel bad. These are called "risks." There are no risks in this study.

Will you get any money or gifts for being in this research study?

You will not receive any money or gifts for being in this research study.

Who should you ask if you have any questions?

If you have questions you should ask the people listed on the first page of this form. If you have other questions about your rights while you are in this research study you may contact the Institutional Review Board at 919-966-3113 or by email to IRB_subjects@unc.edu.

National Center for Catastrophic Sports Injury Research
Frederick O. Mueller, Ph.D.

If you sign your name below, it means that you agree to take part in this research study.

Sign your name here if you want to be in the study

Date

Print your name here if you want to be in the study

Signature of Person Obtaining Assent

Date

Printed Name of Person Obtaining Assent

**University of North Carolina-Chapel Hill
Assent to Participate in a Research Study
Adolescent Participants age 15-17
Social Behavioral Form**

IRB Study # 05-0018

Assent Form Version Date: 7/6/09

Title of Study: National Center for Catastrophic Sports Injury Research

Principal Investigator: Frederick O. Mueller, Ph.D.

UNC-Chapel Hill Department: Exercise and Sport Science

UNC-Chapel Hill Phone number: 919-962-5171

Email Address: *mueller@email.unc.edu*

Co-Investigators: Robert c. Cantu, M.D.

Funding Source: National Collegiate Athletic Association

Study Contact telephone number: 919-962-5171

Study Contact email: *mueller@email.unc.edu*

What are some general things you should know about research studies?

You are being asked to take part in a research study. Your parent, or guardian, needs to give permission for you to be in this study. You do not have to be in this study if you don't want to, even if your parent has already given permission. To join the study is voluntary. You may refuse to join, or you may withdraw your consent to be in the study, for any reason, without penalty.

Research studies are designed to obtain new knowledge. This new information may help people in the future. You may not receive any direct benefit from being in the research study. There also may be risks to being in research studies.

Details about this study are discussed below. It is important that you understand this information so that you can make an informed choice about being in this research study. You will be given a copy of this consent form. You should ask the researchers named above, or staff members who may assist them, any questions you have about this study at any time.

What is the purpose of this study?

The purpose of this research study is to learn more about catastrophic sports injuries and to make sports safer for the participants. You are being asked to be in the study because of your recent sport injury.

How many people will take part in this study?

If you decide to be in this study, you will be one of approximately 50 people per year in this research study.

How long will your part in this study last?

You will only be in this study for as long as it takes you to complete the questionnaire.

What will happen if you take part in the study?

You will be required to complete a questionnaire concerning your sport injury. If there are questions you do not want to answer, you may choose not to answer them. There is a possibility there will be a follow-up questionnaire in the future.

What are the possible benefits from being in this study?

Research is designed to benefit society by gaining new knowledge. You may not benefit personally from being in this research study, but the information we receive from you may help prevent a catastrophic sport injury in the future.

What are the possible risks or discomforts involved from being in this study?

There are no risks in this study.

How will your privacy be protected?

All information will be kept confidential and names of individuals and schools will never be used. Data will be kept in a locked office and access will be limited to the research team.

Participants will not be identified in any report or publication about this study. Although every effort will be made to keep research records private, there may be times when federal or state law requires the disclosure of such records, including personal information. This is very unlikely, but if disclosure is ever required, UNC-Chapel Hill will take steps allowable by law to protect the privacy of personal information. In some cases, your information in this research study could be reviewed by representatives of the University, research sponsors, or government agencies for purposes such as quality control or safety.

Will you receive anything for being in this study?

You will not receive anything for taking part in this study.

What if you have questions about this study?

You have the right to ask, and have answered, any questions you may have about this research. If you have questions, or concerns, you should contact the researchers listed on the first page of this form.

What if you have questions about your rights as a research participant?

All research on human volunteers is reviewed by a committee that works to protect your rights and welfare. If you have questions or concerns about your rights as a research subject you may contact, anonymously if you wish, the Institutional Review Board at 919-966-3113 or by email to IRB_subjects@unc.edu.

Participant's Agreement

I have read the information provided above. I have asked all the questions I have at this time. I voluntarily agree to participate in this research study.

Your signature if you agree to be in the study

Date

Printed name if you agree to be in the study

**ADDENDUM TO CONSENT FORM FOR PARTICIPATING IN A RESEARCH STUDY
(HIPAA Authorization for use of Protected Health Information)
University of North Carolina at Chapel Hill**

IRB Study Number: 05-0018
Version Date of This Form: 6/26/09

Title of Study: National Center for Catastrophic Sport Injury Research

Principal Investigator: Frederick O. Mueller
UNC-CH Department: Exercise and Sport Science
Mailing Address: CB 8605, 215 Woollen Gymnasium
Chapel Hill, NC 27599-8700
Co-Investigator: Robert C. Cantu, MD
Sponsor: National Collegiate Athletic Association
National Federation of State High School Associations

What is the purpose of this form?

You have been asked to take part in a research study. The consent form for this study describes your participation, and that information still applies. This extra form is required by the federal "Health Insurance Portability and Accountability Act" (HIPAA). The purpose is to get your permission (authorization) to use health information about you that is created by or used in connection with the research. If you are signing on behalf of someone other than yourself, this permission applies to that person's health records.

What if I don't want my personal health information to be used in this research study?

You may refuse to give this permission. A decision not to sign this form will not change your ability to get health care outside of this research study. However, you may not be able to participate in this research study unless you sign this permission form. You should discuss this, and any other questions, with the investigators.

Who will be allowed to use my personal health information for this research? And why?

The investigators named above and their assistants will be allowed to see and to use your health information for this research study. We may use it to check on your progress during the study, or analyze it along with information from all other subjects. Sometimes research information is shared with collaborators at other institutions, or with labs running additional tests. Your records may also be reviewed by other employees of the University of North Carolina at Chapel Hill, representatives of the research sponsor or funding agency, or by the U.S. Food and Drug Administration (FDA), in order to check for quality, safety or effectiveness.

What personal health information am I allowing to be used for this research study?

The information we might use includes: The medical data being requested is the injury diagnosis from the physician, treatment such as surgery vs. non-operative care, and whether there were any permanent disabilities as a result of the injury. The researchers would also like to obtain radiologic information including x-ray or MRI reports and lab test results.

Where will investigators go to find my personal health information?

We may ask to see your personal information in records at hospitals, clinics or doctor's offices where you have received care in the past, including but not limited to facilities in the UNC Health Care System. Based on what we know at this time, the places we will seek access to your records include the office of your physician, physicians and nurses who cared for you during your hospital stay, hospital medical records, and information from your rehabilitation facility and staff. _____.

What are the privacy protections for my health information used in this research study?

The federal privacy regulations (HIPAA) apply to personal health information in the records of health care providers and other groups that share such information. There are some differences in how these regulations apply to research, as opposed to regular health care. One difference is that you may not be able to look at your own records that relate to this research study, at least until the study is over. The HIPAA privacy protections may no longer apply, once your personal health information has been shared with others who may be involved in this research.

How long does this permission allow my personal health information to be used?

If you decide to be in this research study, your permission to access and use your health information in this study will not expire, unless you revoke or cancel it. Otherwise, we will use your information as long as it is needed for the study.

What if I change my mind after I give this permission?

You have the right to cancel this permission to use your personal health information for research. In this case, we will not get any more of your health information for use in this research. However, canceling this authorization will not reverse uses of your personal health information that have already happened, or uses that have already been promised and cannot reasonably be reversed. If you want to cancel this permission, you must put this in writing and deliver to the Principal Investigator at the mailing address listed at the top of this form. You should clearly state that you want to cancel this permission to use your personal health information in this particular research study (attaching a copy of this form would be very helpful).

SUBJECT'S AUTHORIZATION

I have read the information provided above. By signing this form, I am giving permission for my personal health information to be used in research as described above. I will be given a copy of this authorization form after I have signed it.

Printed Name of Research Subject
(or Authorized Representative*)

Signature

Date

Printed Name of Person
Obtaining Authorization

Signature

Date

*Only if consent/authorization by someone other than immediate subject was approved by IRB. If used, also include description of Representative's relationship to subject, and their authority to act on subject's behalf (parent, legal guardian, etc). IRB Version 6/26/08

FOOTBALL CATASTROPHIC INJURIES AND FATALITIES (FOOTBALL ONLY)

Questionnaire

American Football Coaches Association, National Collegiate Athletic Association
and National Federation of State High School Associations

TO BE COMPLETED BY COACH OR CERTIFIED ATHLETIC TRAINER

I. Athletic Information

School _____

School Address _____ Phone () _____

City _____ State _____ Zip _____

Date Injured _____ Date Reported _____ Date of Death _____
(If Applicable)

Grade _____ Height _____

Age _____ Weight _____

II. Medical Information

Medical Exam Before Season: Yes ____ No ____

Body Part Injured: _____

Type of Injury: _____

Paralysis or Disability (explain): _____

Physician's Name: _____

Street: _____ Phone: () _____

City: _____ State: _____ Zip: _____

Hospital Address: _____

Phone: () _____

Autopsy Report Available: Yes ____ No ____

Football Catastrophic Injuries and Fatalities (Cont.)
(Football Only)

Questionnaire

III. Football Information

Game: _____ Practice: _____ Other: _____

Describe Accident (Be Specific): _____

Field Type: Natural Grass _____ Artificial _____

Athlete's Position Played at Time of Accident: _____
Varsity _____ Junior Varsity _____

Quarter Injured: 1 _____ 2 _____ 3 _____ 4 _____

Head Position During Contact: Up _____ Down _____ Other _____ Unknown _____

Part of Head or Helmet Where Initial Contact Was Made:
Front _____ Top _____ Back _____ Right Side _____ Left Side _____

Where Did Helmet Make Contact:
Opponents Body Part _____ Ground _____ Other _____

Is Film Clip Available?: Yes _____ No _____

IV. Football Helmet Information (For All Head and Neck Injuries)

Mfg. _____ Model _____

Old _____ New _____ Reconditioned _____

NOCSAE Approved: Yes _____ No _____

V. Person To Contact

Name: _____

Address: _____ Phone: () _____

City: _____ State: _____ Zip: _____

Please Return to: Frederick O. Mueller, Chairman
CB# 8700, 209 Fetzer Gym
University of North Carolina at Chapel Hill
Chapel Hill, NC 27599-8700

CATASTROPHIC SPORTS INJURIES AND FATALITIES
(NON-FOOTBALL)

Questionnaire

American Football Coaches Association, National Collegiate Athletic
Association and National Federation of State High School Associations

TO BE COMPLETED BY COACH OR CERTIFIED ATHLETIC TRAINER

I. Athletic Information

School _____

School Address _____ Phone () _____

City _____ State _____ Zip _____

Date Injured _____ Date Reported _____ Date of Death _____
(If Applicable)

Grade _____ Height _____

Age _____ Weight _____

II. Medical Information

Medical Exam Before Season: Yes ____ No ____

Body Part Injured: _____

Type of Injury: _____

Paralysis or Disability (explain): _____

Physician's Name: _____

Street: _____ Phone: () _____

City: _____ State: _____ Zip: _____

Hospital Address: _____

Phone: () _____

Autopsy Report Available: Yes ____ No ____

CATASTROPHIC SPORTS INJURIES AND FATALITIES (CON'T)
(NON-FOOTBALL)

Questionnaire

III. Activity Information

Sport: _____

Game: _____ Practice: _____ Other: _____

Describe Accident (Be Specific): _____

Field Surface:

Natural Grass: _____ Artificial: _____ Other: _____

Athlete's Position Play at Time of Accident:

Varsity _____ Junior Varsity _____ Freshman _____

Other Contributing Factors to Injury: _____

Is Film Clip Available? Yes _____ No _____

IV. Equipment

Was Equipment Involved in Accident? Yes _____ No _____

If Yes, Answer the Following:

Type of Equipment: _____

Mfg.: _____ Model: _____

Condition: New _____ Old _____ Reconditioned _____

V. Person To Contact

Name: _____

Address: _____ Phone: () _____

City: _____ State: _____ Zip: _____

Please Return to: Frederick O. Mueller, Chairman
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