

PENNSYLVANIA INTERSCHOLASTIC ATHLETIC ASSOCIATION, INC.  
550 GETTYSBURG ROAD, PO BOX 2008  
MECHANICSBURG PA 17055-0708  
TELEPHONE: (717) 697-0374 OR (800) 382-1392 FAX: (717) 697-7721  
WEBSITE: [www.piaa.org](http://www.piaa.org)

**PIAA SOCCER INJURY REPORT FORM**

If an injury occurs in a contest, PIAA is requesting one the contest officials to complete this report and mail or fax to Dr. Robert A. Lombardi, PIAA, 550 Gettysburg Road, P.O. Box 2008, Mechanicsburg, PA 17055 or Fax 717/697-7721, within 24 hours after the completion of the contest. We are attempting to document any and all serious injuries that occur during the interscholastic soccer season.

OFFICIAL'S NAME(S): \_\_\_\_\_

DATE: \_\_\_\_\_

LOCATION OF CONTEST: \_\_\_\_\_

VISITING TEAM: \_\_\_\_\_ vs HOME TEAM: \_\_\_\_\_

LEVEL OF COMPETITION (Circle One):

JUNIOR HIGH / MIDDLE SCHOOL      JUNIOR VARSITY      VARSITY

TYPE OF INJURY: (please check one)

HEAD       FACE       ARM/TORSO       KNEE       ANKLE       OTHER

**Comments:**

Describe serious injuries or serious incidents with as much detail as possible. Please describe, specifically, the injury and action(s) which were observed that may have caused the injury.

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SIGNATURE: \_\_\_\_\_