



Injury Reporting Form

Name: _____ Address: _____

Competition: _____ Venue: _____ Court: _____

Injury date: ____/____/____ Time ____ am/pm Gender: O Male O Female Date of Birth: ____/____/____

Team: _____ Association: _____

TYPE OF ACTIVITY AT TIME OF INJURY

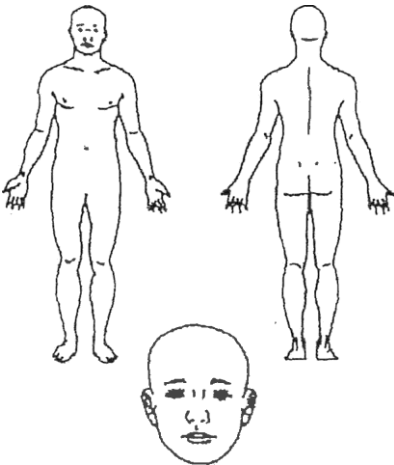
- ☐ Training
☐ warm-up
☐ competition
☐ cool-down
☐ other _____

REASON FOR PRESENTATION

- ☐ New Injury
☐ Aggravated Injury
☐ Recurrent Injury
☐ Illness
☐ other _____

BODY PARTS INJURED

circle and name.



NATURE OF INJURY / ILLNESS

- ☐ Bruise / Contusion
☐ Cardiac problem
☐ Cold / Flu
☐ Concussion
☐ Dislocation / Subluxation
☐ Fracture (including suspected)
☐ Loss of Consciousness
☐ Overuse injury
☐ Respiratory problem
☐ Skin Injury e.g. graze/cut/Blisters
☐ Sprain e.g. ligament tear.
☐ Strain e.g. muscle tear.
☐ Unspecified medical condition
☐ other _____

CAUSE OF INJURY

- ☐ Collision with fixed object
☐ Collision with another player
☐ Fall from height / awkward landing.
☐ Jumping to shoot or defend
☐ Over exertion
☐ Overuse
☐ Slip / Fall / Stumble
☐ Struck by ball / Object.
☐ Struck by another Player.
☐ Temperature related
☐ other _____

Explain how the incident / injury occurred.

Were there any contributing factors to the incident? e.g. unsuitable footwear, playing surface, equipment, foul play

Was protective equipment worn on the injured body part?

Yes ☐ No ☐
If yes, what? e.g. mouthguard, brace?

INITIAL TREATMENT

- ☐ None given (not required)
☐ CPR
☐ Dressing
☐ Immobilization
☐ RICER
☐ Sling / Splint
☐ Strapping / Taping
☐ Stretch / exercises.
☐ Transport from field / court
☐ other _____

ADVICE GIVEN

- ☐ Immediate return to activity
☐ Return to play with restriction.

☐ Unable to return at present.
☐ Referred for further assessment before returning to activity.

NOTICE

The injured person has been told that if injury/illness does NOT improve in the following 24 hours they MUST seek further advice from their own medical professional.

☐ Yes ☐ No

REFERRAL

- ☐ No referral
☐ Medical practitioner
☐ Physiotherapist
☐ Ambulance
☐ Hospital
☐ other _____

PROVISIONAL SEVERITY ASSESSMENT

- ☐ mild {1 - 7 days modified activity)
☐ moderate (8-21 days modified activity)
☐ severe (>21 days modified activity)

TREATING PERSON

- ☐ Sports Trainer/Sports First Aider (ID _____)
☐ medical practitioner
☐ physiotherapist
☐ other _____

Name of Treating Person

Signature of treating person

Date: ____/____/____

Injury Reported to: (At Association)

Date: ____/____/____ Time: _____

Signature of Person Reported to:

Injured person *please circle*: Player / Referee / Coach / Spectator. **If Injury occurred during a game is a copy of the scoresheet attached?** Yes / No (please circle)