



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

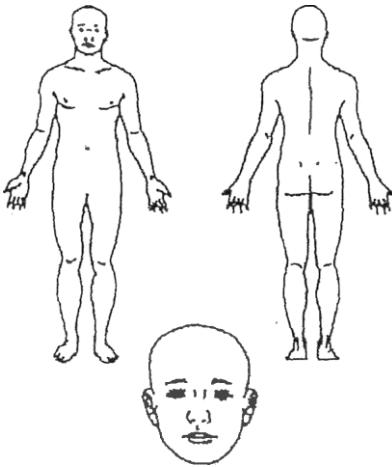
- Training
- warm-up
- competition
- cool-down
- other _____

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

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)