

# Injury Reporting Form



Name: \_\_\_\_\_ Address: \_\_\_\_\_

Competition: \_\_\_\_\_ Venue: \_\_\_\_\_ Court: \_\_\_\_\_

Injury date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_ : \_\_\_\_ am/pm Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Team: \_\_\_\_\_ Association: \_\_\_\_\_

## TYPE OF ACTIVITY AT TIME OF INJURY

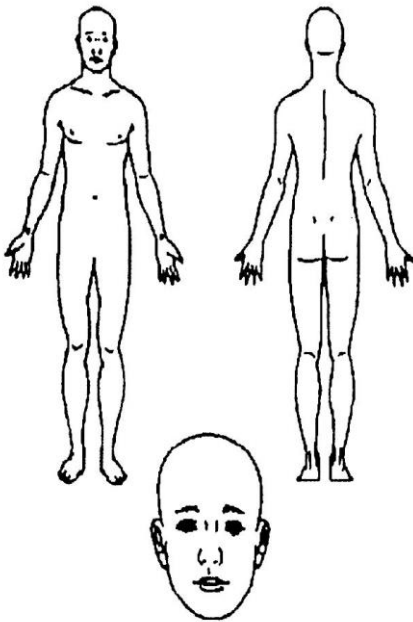
- training
- warm-up
- competition
- cool-down
- other \_\_\_\_\_

## 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)
- inflammation/swelling
- loss of consciousness
- overuse injury
- respiratory problem
- skin injury eg. graze/cut/blisters
- sprain eg. ligament tear
- strain eg. muscle tear
- unspecified medical condition
- other \_\_\_\_\_

## CAUSE OF INJURY

- collision with fixed object
- collision with other player
- fall from height/akward landing
- jumping to shoot or defend
- overexertion
- overuse
- slip/trip/fall/stumble
- struck by ball/object
- struck by other player
- temperature related
- other \_\_\_\_\_

## Explain how the incident occurred

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Was protective equipment worn on the injured body part?

Yes  No

If yes, what? eg. mouthguard, brace?

\_\_\_\_\_

\_\_\_\_\_

## INITIAL TREATMENT

- none given (not required)
- CPR
- dressing
- immobilisation
- 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 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 modifice or lost)

## 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)