

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

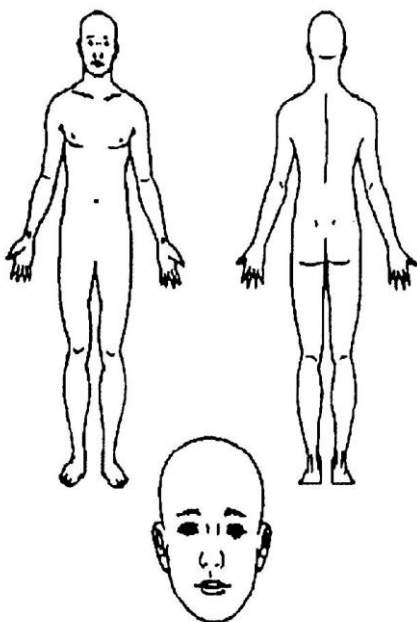
- training
- warm-up
- competition
- cool-down
- other _____

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

- mild (1-7 days modified activity)
- moderate (8-21 days modified activity)
- severe (>21 days modified or lost)

ASSESSMENT

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)