INJURY REPORT FORM

Name: _____ **Initials:**_____ **Phone No:** _____ **Sport:** _____ **Venue:**_____

Circle : Player/Referee/Coach/Spectator **Team:** _____ **Grade:** _____ **Gender:** ☐ **M** ☐ **F** **Date of Injury** ___/___/___

Type of activity at time of Injury
- ❑ Training/practice
- ❑ Competition
- ❑ Other

REASON FOR PRESENTATION
- ❑ New injury
- ❑ Aggravated injury
- ❑ Recurrent injury
- ❑ Illness
- ❑ Other-

BODY PART/S INJURED

_____

EXPLAIN EXACTLY HOW THE INCIDENT OCCURRED

_____

_____

SIGNS/SYMPTOMS

_____

_____

_____

_____

_____

NATURE OF INJURY/ILNESS
- ❑ Abrasion/graze
- ❑ Sprain
- ❑ Strain
- ❑ Open wound
- ❑ Bruise
- ❑ Inflammation
- ❑ Dislocation
- ❑ Overuse
- ❑ Blister
- ❑ Concussion
- ❑ Cardiac
- ❑ Respiratory
- ❑ Loss of conscious
- ❑ Unspecified medical
- ❑ Other

Protective Equipment
Was protective equipment worn on the injured body part?
Yes No

Were there any contributing factors To the incident,unsuitable footwear, Playing surface,equipment, foul Play? _____

WEATHER CONDITIONS
☐ Hot ☐ Wet ☐ Cold

CAUSE OF INJURY
- ❑ Struck by other player
- ❑ Struck by ball/object
- ❑ Collision with other player
- ❑ Collision with fixed object
- ❑ Fall/stumble same level
- ❑ Jumping to shoot/defend/rebound
- ❑ Fall from height
- ❑ Overexertion
- ❑ Overuse
- ❑ Slip/trip
- ❑ Temperature related
- ❑ Other

_____

INITIAL MANAGEMENT
- ❑ None given
- ❑ Referred
- ❑ RICER
- ❑ Sling/splint
- ❑ Neck & spine
- ❑ Hypothermia / hypothermia
- ❑ Wound
- ❑ Asthma
- ❑ Strapping/taping
- ❑ Massage
- ❑ CPR
- ❑ Infection disease control
- ❑ Other

REFERRAL
- ❑ Medical practitioner
- ❑ Physiotherapist
- ❑ Podiatrist
- ❑ Ambulance
- ❑ Hospital
- ❑ Other

Place/name of referral

ADVICE GIVEN
- ❑ Immediate return to activity
- ❑ Return with restriction
- ❑ Unable to return at present
- ❑ Unable to return until clearance given

ADVICE TAKEN
- ❑ Yes

TREATING PERSONS ACCREDATIONS
- ❑ Level 1 trainer
- ❑ Level 2 trainer
- ❑ St Johns
- ❑ Doctor
- ❑ Physiotherapist

Full name

_____

"I declare that to the best of my knowledge the above information is correct"

Signature of injured person _____ Signature of treating person _____ Today's Date: / /