

INJURY REPORTING FORM

Name: _____

Initials: _____ Position: _____

Circle

Player/Referee/Coach/Spectator

Team: _____

Grade: _____ DOB: ___/___/___

Gender: M F

Venue/area at which injury occurred: _____

Date of Injury ___/___/___

Type of activity at time of injury

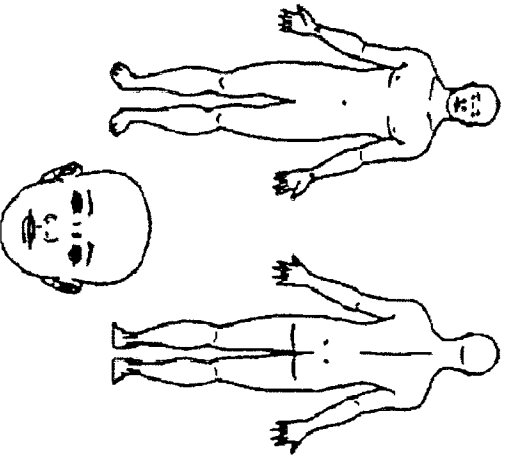
- training/practice
- competition
- other _____

Reason for Presentation

- new injury
- exacerbated/aggravated injury
- recurrent injury
- illness
- other _____

Body Region Injured

Tick or circle body parts injured & name



Body parts

Nature of Injury/illness

- abrasion/graze
- sprain eg ligament tear
- strain eg muscle tear
- open wound/laceration/cut
- bruise/contusion
- inflammation/swelling
- fracture (including suspected)
- dislocation/subluxation
- overuse injury to muscle or tendon
- blisters
- concussion
- cardiac problem
- respiratory problem
- loss of consciousness
- unspecified medical condition
- other _____

Provisional diagnosis/es

CAUSE OF INJURY

Mechanism of Injury

- struck by other player
- struck by ball or stick
- collision with other player/referee
- collision with fixed object
- fall/stumble on same level
- slip/trip
- overexertion (eg muscle tear)
- overuse
- temperature related eg heat stress
- other _____

Explain exactly how the incident occurred

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

Protective Equipment

Was protective equipment worn on the injured body part? yes no

If yes, what type eg mouthguard, ankle brace, taping, shin pad.

Initial Treatment

- none given (not required)
- RICER dressing
- sling, splint crutches
- massage manual therapy
- CPR stretch/exercises
- strapping/taping only
- none given - referred elsewhere
- other _____

Advice Given

- immediate return unrestricted activity
- able to return with restriction
- unable to return at present time

Referral

- no referral
- medical practitioner
- physiotherapist
- chiropractor or other professional
- ambulance transport
- hospital
- other _____

Provisional severity assessment

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

Treating person

- medical practitioner
- physiotherapist
- nurse
- sports trainer
- other _____

Signature of treating person

Today's Date: ___/___/___