

INJURY REPORT FORM



Name: _____

Initials: _____ Position: _____ Player Umpire Coach Spectator

Team: _____ Grade: _____ DOB: / / Gender: Male Female

Venue / Area at which injury occurred: _____ Date of Injury: / /

TYPE OF ACTIVITY AT TIME OF INJURY

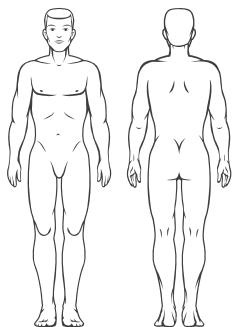
- Training/practice
- Competition
- Other _____

REASON FOR PRESENTATION

- New injury
- Exacerbated/aggravated
- Recurrent injury
- Illness
- Other _____

BODY REGION INJURED

Tick or circle body parts injured and name.



NATURE OF INJURY/ILLNESS

- Abrasion/graze
- Open wound/laceration/cut
- Bruise/contusion
- Inflammation/swelling
- Fracture (including suspected)
- Dislocation/subluxation
- Sprain eg. Ligament tear
- Strain eg muscle tear
- Overuse injury to muscle or tendon
- Blisters
- Concussion
- Cardiac problems
- Respiratory problems
- Loss of consciousness

- Unspecified medical condition
 - Other _____
- Provisional diagnosis/es _____

CAUSE OF INJURY

Mechanism of Injury:

- Struck by other player
- Struck by ball (eg. dislocated finger)
- Collision with other player/umpire
- Collision with fixed object (goal post)
- Fall/stumble on same level
- Jumping or landing from jump
- Slip/trip
- Twisting to pass or accelerate
- 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?
Eg. Unsuitable footwear, playing surface, equipment, foul play?

PROTECTION EQUIPMENT

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

If yes, what type? Eg. Mouthguard, brace, taping? _____

INITIAL TREATMENT

- None given
- RICER
- Sling/splint
- Massage
- CPR
- Strapping/taping only
- None given – referred elsewhere
- Treatment declined
- Other _____

ADVICE GIVEN

- Immediate return unrestricted activity
- Able to return with restriction
- Unable to return at present time
- Head Injury Advice card given

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: _____

Signature of Team Manager: _____

Signature of player/guardian: _____

Date: / /