

# Sports Injury Reporting Form



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

Sport: \_\_\_\_\_ Event: \_\_\_\_\_ Venue: \_\_\_\_\_ Team: \_\_\_\_\_

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_ am/pm Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Injured person (please circle): Player / Referee / Coach / Spectator

## TYPE OF ACTIVITY AT TIME OF INJURY

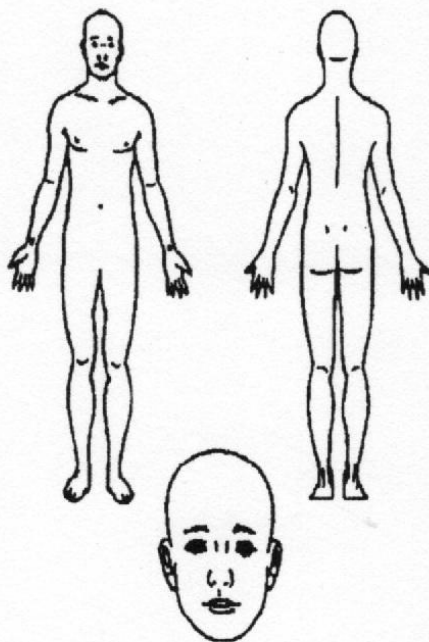
- ☐ training
- ☐ warm-up
- ☐ competition
- ☐ cool-down
- ☐ other \_\_\_\_\_

## 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

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

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Was protective equipment worn on the injured body part?

☐ Yes ☐ No

If yes, what? eg. mouthguard, brace?

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## 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
- ☐ phyisotherapist
- ☐ other \_\_\_\_\_

Signature of injured person

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Signature of treating person

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Date: \_\_\_\_/\_\_\_\_/\_\_\_\_