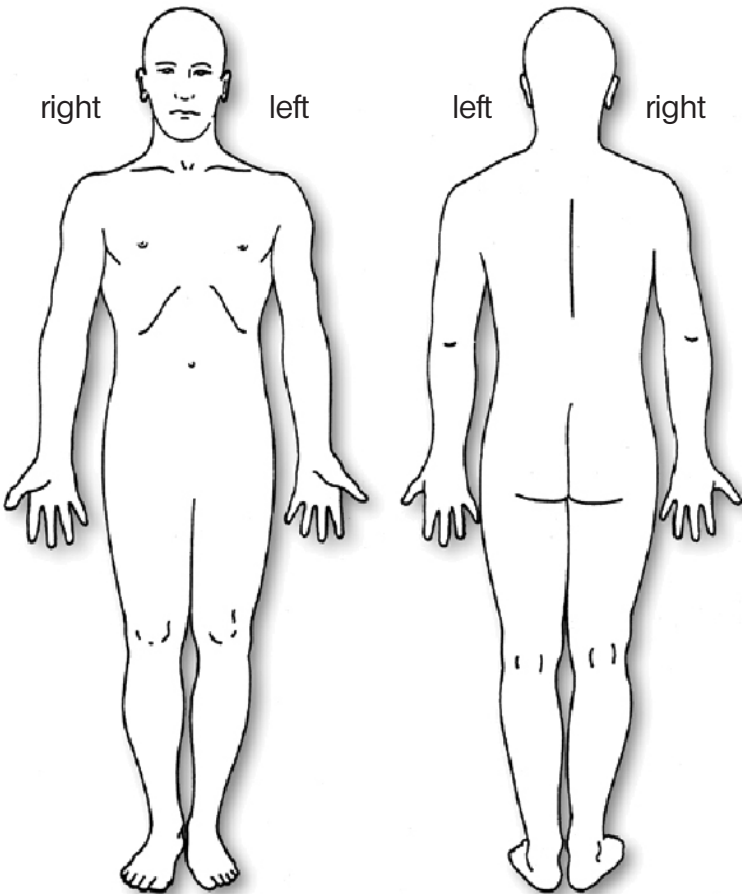


TRARALGON & DISTRICT JUNIOR FOOTBALL LEAGUE - INJURY REPORT FORM

Name of person injured:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Name of team:	Age group:	D.O.B. / /
Date when injury occurred: / /	Date when injury is evident: / /	
Opposition team name:	Ground:	
Coach:	Witness:	
First aid provided by:	Time of first aid: : am pm	
Nature of injury:		
When did the injury occur? <input type="checkbox"/> Training <input type="checkbox"/> Game <input type="checkbox"/> Other:		
Initial treatment: <input type="checkbox"/> No treatment required <input type="checkbox"/> Ambulance required <input type="checkbox"/> CPR <input type="checkbox"/> RICER <input type="checkbox"/> Crutches <input type="checkbox"/> Sling/Splint <input type="checkbox"/> Dressing <input type="checkbox"/> Strapping <input type="checkbox"/> Massage <input type="checkbox"/> Other:		
How did the injury occur?		
Body part injured: 		Were there any environmental factors to blame for injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please explain: Follow up action: <input type="checkbox"/> None <input type="checkbox"/> Medical practitioner <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Hospital <input type="checkbox"/> Ambulance <input type="checkbox"/> Other: Signature of person completing form: Date: / /