



## Injury Report Form

Competition:..... Date: .....

Injured Person.....

Date of Birth.....

**Competitor** Yes/No (tick applicable)      If No, specify.....

**Details or Initial Assessment of Injury**.....

**Witnesses** (if applicable).....

### Place of Injury (circle appropriate)

Sporting hall	Piste	Seating area
Path/Walkway	Steps/ Stairs	Toilets
Other (Specify).....		

### Part of body injured-(circle appropriate)

head	teeth/mouth	face	ear
eyes	nose	vocal chords	nose
neck	shoulder/collar bone	upper arm	elbow
forearm	wrist	hand/fingers	trunk/torso
back	hips/buttocks	groin	thigh
knee	lower leg	ankle	heel
foot/toes			
suspected internal injuries			

### Nature of Injury (Circle appropriate)

sprain/ strain	concussion	disorder of conjunctiva (eyes)
open wound	insect bite/sting	respiratory condition

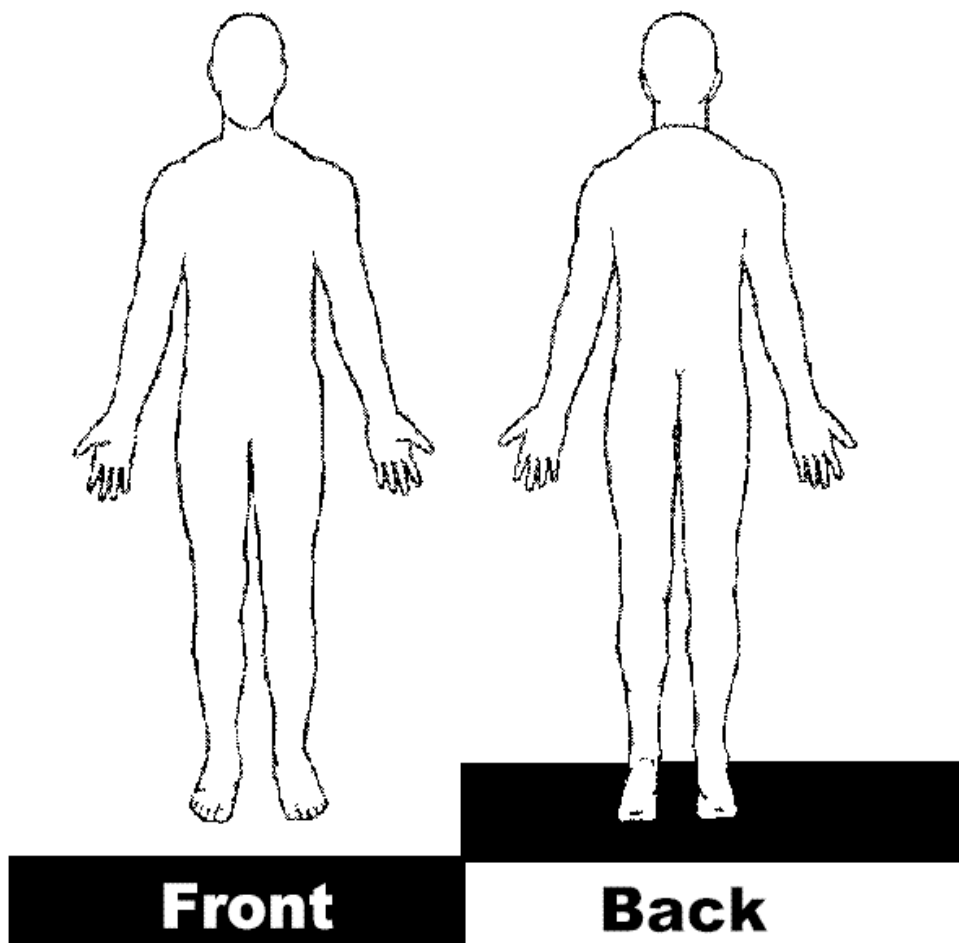
**Nature of Injury (Circle appropriate) Continued.....**

bruising	bite (human	skin intact /	skin broken)
superficial injury	deafness (tinnitus, hearing loss)		
chemical exposure	fracture	foreign body in eyes	
dermatitis/eczema	dislocation	burn/ scald	
mental distress			

**How was the injury sustained?**

**Treatment of the injury.**

none required	
first-aid - returned to compete	first aid - retired
debriefing/counselling	medical/dental
fatal	other (specify)



**Details of assistance rendered**

**Treated by and Reported**

to.....date.....

Any safety measures in place at the time of the injury?  
(equipment/supervision).....

Any actions taken to minimize the likelihood of a similar injury happening  
again.....

**Any other notes.....**