**INJURY REPORTING FORM** 

**Event:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Gender: M ◻ F ◻ Player / Referee / Coach / Spectator **Sport: Team :**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_ Venue/area at which injury occurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Date of injury / /** **Time of arrival** **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 part/s injured & name **Body part/s** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **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 object ◻ collision with other player/referee ◻ collision with fixed object ◻ fall/stumble on same level ◻ jumping to shoot, defend/rebound ◻ fall from height/awkward landing ◻ gradual onset, no specific mechanism identified ◻ slip/trip ◻ 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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Initial Treatment** ◻ none given (not required) ◻ RICER ◻ dressing ◻ sling, splint ◻ massage ◻ manual therapy ◻ oxygen therapy ◻ CPR / defibrillater ◻ stretch/exercises ◻ strapping/taping ◻ none given - referred elsewhere ◻ other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Consumables Used** | **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)* **Notes** **Treating person** ◻ medical practitioner ◻ physiotherapist ◻ nurse / paramedic ◻ sports trainer – ◻ level 1 ◻ level 2 **Signature of treating person** **Printed name of treating person** **Today’s date / /** **Time discharged** |

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