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 e.g. graze/cut/blisters
❑ sprain e.g. ligament tear
❑ strain e.g. muscle tear
❑ unspecified medical condition
❑ other ______________________

CAUSE OF INJURY

❑ collision with fixed object
❑ collision with another player
❑ fall from height/awkward landing
❑ jumping to shoot or defend
❑ overexertion
❑ overuse
❑ slip/trip/fall/stumble
❑ struck by ball/object
❑ struck by another player
❑ temperature related
❑ other ______________________

Explain how the incident occurred

____
____
____
____
____
____
____

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

____
____
____

Was protective equipment worn on the injured body part?

❑ Yes ❑ No

If yes, what? e.g. mouth guard, brace?

____
____

ACTION TAKEN

❑ none given (not required)
❑ CPR
❑ dressing
❑ immobilization
❑ 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 modified or lost)

TREATING PERSON

❑ Sports Trainer/Sports First Aider (ID_______________)
❑ medical practitioner
❑ physiotherapist
❑ other ______________________

Signature of injured person

____

Signature of treating person

____

Date:______/_____/_____