**INJURY REPORTING FORM**

**Reference:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | DOB: \_\_/\_\_/\_\_ | Gender: M  F  | | Student / Instructor / Assistant / Spectator | | | | | |  | |
| **Sport:** | | | |  |  |  |  | **Style :**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Grade: \_\_\_\_\_\_\_\_\_\_\_ | | Venue/area at which injury occurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  | |
| **Date of injury** | | | | **/** | **/** |  |  | **Nature of Injury/Illness** | |  | Explain exactly how the incident occurred | |  | | **Advice Given** | | |  | |
| **Time of arrival** | |  |  |  |  |  |  | abrasion/graze | |  | **(use separate sheet if necessary)**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  | immediate return unrestricted activity | | |  | |
| **Type of activity at time of injury** | | | | | | |  | sprain eg ligament tear | |  |  | |  |  | able to return with restriction | | |  | |
| training/practice | | | |  |  |  |  | strain eg muscle tear | |  |  | |  |  | unable to return at present time | | |  | |
| competition | | | |  |  |  |  |  |  | |  |  |  | |
|  |  |  |  | open wound/laceration/cut | |  |  |  | **Referral** | | |  | |
| other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | bruise/contusion | |  |  | |  |  | no referral | | |  | |
| **Reason for Presentation** | | | | |  |  |  | inflammation/swelling | |  |  | |  |  | medical practitioner | | |  | |
| new injury | | | |  |  |  |  | fracture (including suspected) | |  | Were there any contributing factors to the | | | | physiotherapist | | | |  |
| exacerbated/aggravated injury | | | | | | | |  |  | | |  | |
| dislocation/subluxation | |  | incident, unsuitable footwear, playing surface, | | | | chiropractor or other professional | | |  | |
| recurrent injury | | | |  |  |  |  |  |  | |
|  |  |  |  | overuse injury to muscle or tendon | |  | equipment, foul play? | | | | ambulance transport | | |  | |
| illness | | | |  |  |  |  | blisters |  |  |  | |  |  | hospital | | |  | |
| other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | concussion | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  | other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | |
| **Body Region Injured** | | | | |  |  |  | cardiac problem | |  | **Protective Equipment** | | | | **Provisional severity assessment** | | |  | |
| Tick or circle body part/s injured & name | | | | | | | |  | Was protective equipment worn on the injured | | | |  | |
|  |  |  |  |  |  |  |  | respiratory problem | |  | body part?  yes | no | | | mild*(1-7 days modified activity)* | | |  | |
|  |  |  |  |  |  |  |  |  | moderate*(8-21 days modified activity)* | | |  | |
|  |  |  |  |  |  |  |  | loss of consciousness | |  | If yes, what type eg mouthguard, ankle brace, | | | |  | | | |  |
|  |  |  |  |  |  |  |  | unspecified medical condition | |  | taping. |  |  |  | severe*(>21 days modified or lost)* | | |  | |
|  |  |  |  |  |  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  | other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  | **Notes** | | |  | |
|  |  |  |  |  |  |  |  | **Provisional diagnosis/es** | | | **Initial Treatment** |  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  | none given (not required) | | | |  |  |  |  | |
|  |  |  |  |  |  |  |  |  | | |  |  |  |  | |
|  |  |  |  |  |  |  |  | RICE |  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  |  | | |  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  | dressing |  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  |  | **CAUSE OF INJURY** |  |  |  |  | **Treating person** | | |  | |
|  |  |  |  |  |  |  |  |  |  | sling, splint |  |  |  |  | |
|  |  |  |  |  |  |  |  | **Mechanism of Injury** | |  |  |  |  | first aider | | | |  |
|  |  |  |  |  |  |  |  |  | massage |  |  |  |  |
|  |  |  |  |  |  |  |  | struck by other student | |  |  |  |  | sports trainer –level 1level 2 | | | |  |
|  |  |  |  |  |  |  |  |  | manual therapy |  |  |  |  |
|  |  |  |  |  |  |  |  | struck by weapon or training aide | |  | oxygen therapy |  |  |  |  | | | |  |
|  |  |  |  |  |  |  |  | collision with other student | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | CPR / defibrillater | | | |  | | |  | |
|  |  |  |  |  |  |  |  | collision with fixed object | |  |  | |
|  |  |  |  |  |  |  |  |  | stretch/exercises | | | |  |  |  |  | |
|  |  |  |  |  |  |  |  | fall/stumble on same level | |  |  |  |  |  | |
|  |  |  |  |  |  |  |  |  | strapping/taping |  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  | grappling or throwing | |  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  |  | none given - referred elsewhere | | | | **Signature of treating person**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Printed name of treating person**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | |
|  |  |  |  |  |  |  |  | fall from jump /awkward landing | |  |  | |
|  |  |  |  |  |  |  |  |  | other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |  |  |  | |

* gradual onset, no specific mechanism

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Body part/s** | identified | **Consumables Used** |  | | | | |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | slip/trip |  | **Today’s date** | | **/ /** |  |  |  |
|  | temperature related eg heat stress |  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **Time discharged** |  |  |  |  |  |
|  |  |  |  |  |

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