Sports Injury Reporting Form

Name:_____ Address: _____

Sport:_____ Event:_____ Venue:_____ Team: _____

Today's date:_____/____/____Time : am/pm Gender: ❑ Male ❑ Female Date of Birth: __/____/

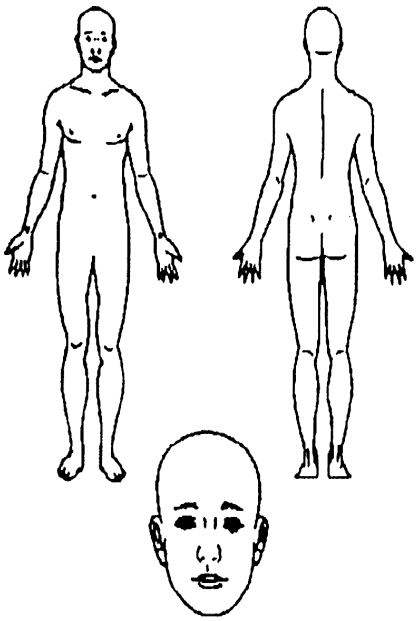
Injured person (*please circle*): Player / Referee / Coach / Spectator

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



NATUREOFINJURY/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:_____/_____/_____