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: __/__/____