

Injury Report Form

Note: Coaches without medical training should refer all medical decisions to appropriately qualified persons. Do not attempt to 'diagnose' an injury. Users of this form are advised that medical information should be treated confidentially. In some states, additional legislation affects the management of health records. See www.austlii.edu.au.for.further.information

Name of person injured: Date when injury occurred:	Injury details: This report reflects an a	accurate record of the injure	ed perso		ed sympto	oms of injury	
Person injured: Athlete Coach Other: Gender: M F Supervising coach: (Signature) Witness: (Signature) First aid provided by: Time of first aid: Not treatment: Not treatment: Not treatment required Not treatment requ	Name of person injured:			DOB: (Day/Month/Year)			
Supervising coach: (Signature) First aid provided by: Time of first aid:	Date when injury occurred: / /			Date when injury is evident: / /			
(Signature) (Signature) Initial treatment:	Person injured: ☐ Athlete ☐ Coach ☐ Other:			Gender: □ M □ F			
Signature Signature Signature Initial treatment: Initial treat	Supervising coach:(Signature)			Witness:			
First aid provided by: Signature						, -	
CPR RICER Nature of injury:	First aid provided by:				:		
Nature of injury:	(Signature)					☐ No treatment required	
Did the injury occur during Training	New in	ury Aggravated		injury	□ CPR	☐ RICER	
□ Training □ Event □ Other: □ Massage □ Stretching Symptoms of injury: □ Blisters □ Inflammation/swelling □ Spinal injury □ Gardiac problem □ Bleeding nose □ Cramp □ Cardiac problem □ Burnising/contusion □ Burn □ Cut □ Dislocation □ Burn □ Burn □ Graze/abrasion □ Concussion/head injury □ Insect bite/sting □ Sprain □ Loss of consciousness □ Poisoning □ Strain □ Respiratory problem □ Other: Body part injured: How did the injury occur? □ Collision/contact with another person □ Overbalance □ Collision/contact with another person □ Overstretch □ Fall from height/awkward landing □ Slip/trip □ Fall from height/awkward landing □ Slip/trip □ Strain landing □ Other: □ Extra detail regarding how the injury occurred: □ Ves □ No Follow up action: □ None □ Medical practitioner □ Hospital □ Other:	Recur	rent injury	☐ Other:			☐ Crutches	☐ Sling/splint
Symptoms of injury: Blisters	Did the injury occur during					☐ Dressing	□ Strapping
Blisters	□ Training □ Event		☐ Other:			□ Massage	□ Stretching
Collision with a fixed object Overbalance Collision/contact with another person Overstretch Fall from height/awkward landing Slip/trip Fall/stumble on same level Other: Extra detail regarding how the injury occurred: Was protective equipment worn on the injured body part? Pollow up action: None Medical practitioner Hospital Other:	☐ Blisters ☐ Bleeding nose ☐ Bruising/contusion ☐ Cut ☐ Graze/abrasion ☐ Sprain ☐ Strain	 □ Cramp □ Suspected bone fraction □ Dislocation □ Concussion/head in □ Loss of consciousnes □ Respiratory problem 	əak	 ☐ Cardiac problem ☐ Electrical shock ☐ Burn ☐ Insect bite/sting ☐ Poisoning 			
Collision/contact with another person Overstretch Fall from height/awkward landing Slip/trip Fall/stumble on same level Other: Extra detail regarding how the injury occurred: Was protective equipment worn on the injured body part?		_				verbalance	
Fall/stumble on same level Other: Extra detail regarding how the injury occurred: Was protective equipment worn on the injured body part? Yes No Follow up action: None Medical practitioner Hospital Other:		☐ Collision/contact with another person ☐ Overstretch					
Extra detail regarding how the injury occurred: Was protective equipment worn on the injured body part? Pollow up action: None Medical practitioner Hospital Other:		☐ Fall from height/awkward landing ☐ Slip/trip					
Was protective equipment worn on the injured body part? Pollow up action: None Medical practitioner Hospital Other:		☐ Fall/stumble on same level ☐ Other:					
Follow up action: None Medical practitioner Hospital Other: Signature of person completing form:							
Signature of person completing form:	-	Was protective equipment worn on the injured body part?				part?	□ Yes □ No
Signature of person completing form: Date: / /		·		lospital	□ Oth	er:	
	Signature of person completing form:	_				Date:	/ /

