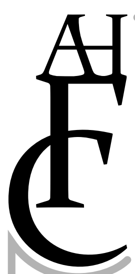

Injury Report Form

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.

Injury details: *This report reflects an accurate record of the injured person's reported symptoms of injury*

Name of person injured:	DOB: (Day/Month/Year) / /
Date when injury occurred: / /	Date when injury is evident: / /
Person injured: ☐ Athlete ☐ Coach ☐ Other:	Gender: ☐ M ☐ F
Supervising coach: ______________________ (Signature)	Witness: ______________________ (Signature)

First aid provided by: ______________________ (Signature)	Time of first aid: :	Initial treatment: ☐ No treatment required
Nature of injury: ☐ New injury ☐ Recurrent injury	☐ Aggravated injury ☐ Other:	☐ CPR ☐ RICER ☐ Crutches ☐ Sling/splint
Did the injury occur during… ☐ Training ☐ Event	☐ Other:	☐ Dressing ☐ Strapping ☐ Massage ☐ Stretching

Symptoms of injury:

☐ Blisters	☐ Inflammation/swelling	☐ Spinal injury
☐ Bleeding nose	☐ Cramp	☐ Cardiac problem
☐ Bruising/contusion	☐ Suspected bone fracture/break	☐ Electrical shock
☐ Cut	☐ Dislocation	☐ Burn
☐ Graze/abrasion	☐ Concussion/head injury	☐ Insect bite/sting
☐ Sprain	☐ Loss of consciousness	☐ Poisoning
☐ Strain	☐ Respiratory problem	☐ Other:

Body part injured:

right left left right

How did the injury occur?

☐ 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? ☐ Yes ☐ No

Follow up action: ☐ None ☐ Medical practitioner ☐ Hospital ☐ Other:

Signature of person completing form:	Date: / /