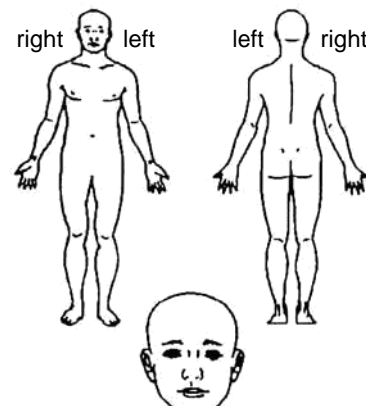


Sport Injury Form

Injury details: <i>This report reflects an accurate record of the injured person's reported symptoms of injury</i>			
Name of person injured:	DOB: (Day/Month/Year) / /		
Date when injury occurred: / /	Team & Division:		
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	Aggravated injury	CPR RICER
	Recurrent injury	Other:	Crutches Sling/splint
Did the injury occur during...	Practice	Game:	Dressing Strapping
		Other:	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:	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/physiotherapist	Hospital
	Ambulance	Other:	
Signature of person completing form:	Date: / /		

Note: All medical decisions are deferred to appropriately qualified persons. Users of this form are advised that medical information should be treated confidentially.

****If suspected concussion please follow medical guidelines****