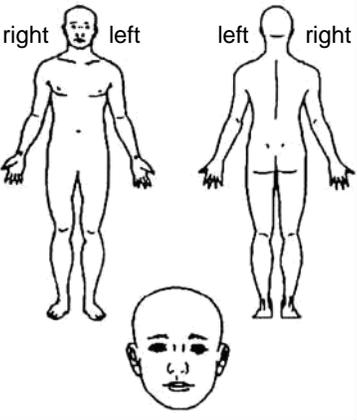


## Sports Injury Report Form

**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 Aggravated injury Recurrent injury Other:		CPR	RICER
Did the injury occur during... Training Event Other:		Crutches	Sling/splint
		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:	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:** 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.