

Injury Report Form



Injury details: This report reflects an accurate record of the injured persons reported symptoms of injury

Name of Person injured: _____		DOB: / /	
Date when injury occurred: / /		Date injury is evident: / /	
Person injured: Athlete Coach Spectator Other _____		Gender: M F	
Supervising coach (if app): _____		Witness: _____	
First Aid Provided By: _____		Initial Treatment: None Req'd	
Nature of Injury: New Injury Aggravated Injury		CPR RICER	
Recurent Injury Other: _____		Crutches Sling/Splint	
Did the injury occur during.....		Dressing Strapping	
Training Event 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:	
		Was appropriate protective equipment being worn? Yes No	
		Was additional medical assistance required? NO	
		Ambulance Hospital GP Physio	
Any modifications to procedures to be made following the incident?			
Have parents / carer's been notified of this incident? YES NO If yes provide details of what was said/action agreed.			
Name of person completing the form: _____		Signature: _____ Date: / /	

Note: Coaches without medical training should refer all medical decisions to appropriately qualified persons. Do not attempt to 'diagnose' and injury. Users of this form are advised that medical information should be treated confidentially.

This form should be forwarded to the Club President or emailed to train@cronullatriclub.com.au