

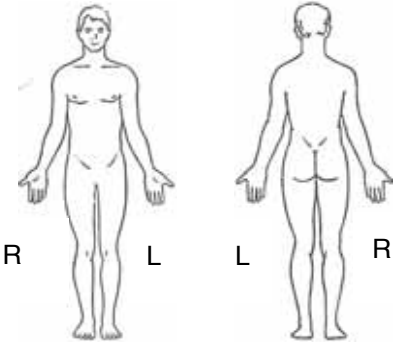
INJURY REPORT FORM

Name: _____
Address: _____

Phone: _____ **DOB:** ___ / ___ / ___
 Male Female **English speaking:** Y N

Sport: _____ **Venue:** _____
Report Time: _____ **Date:** ___ / ___ / ___
Team / School: _____
 Player Official Spectator Other
Activity at time of injury:
 Training / Practice Competition Other

BODY PART/ S INJURED:



REASON FOR PRESENTATION: New Injury Aggravated Injury
 Recurrent Injury Other _____

Talk Observe Touch Active Passive Skill (TOTAPS) / History:

CAUSE OF INJURY:

Struck by other player
 Struck by Ball / object
 Collision with other player
 Collision with fixed object
 Overexertion
 Overuse
 Landing
 Slip / Trip / Fall / Stumble
 Temperature related
 Other _____

INITIAL MANAGEMENT:

None given
 Referred
 RICER & Warnings
 Wound
 Asthma
 Strapping / Taping
 Rest / Monitor
 Sling / Splint
 Immobilise
 CPR
 Other _____

ADVICE GIVEN (after TOTAPS):

Immediate return to activity
 Return with restriction

Unable to return at present
 Unable to return until medical clearance given

SUSPECTED NATURE OF INJURY ILLNESS:

Soft Tissue
 Hard Tissue
 Dislocation
 Dehydration
 Hyperthermia / Hypothermia
 Wound /Open/ Graze/Abrasion
 Blister
 Vomiting
 Respiratory
 Concussion
 Loss of consciousness
 Other _____

ICE : 15-20 min every 2 hours next 2 to 3 Days

INJURED PLAYER REPORT:
 Injured player told that if injury / illness does **NOT** improve in the next 24 hours they **MUST** seek further advice from their own medical professional.

Yes

REFERRAL: at initial assessment

Own Medical Practitioner
 Medical Practitioner
 Own Physiotherapist
 Physiotherapist
 Sports Injury Clinic
 Ambulance
 Hospital
 Other _____

TREATING PERSONS:

Level 1 Accredited Sports Trainer
 Level 2 Accredited Sports Trainer
 Registered Nurse
 Doctor
 Physiotherapist

Signature _____
 Name _____

"I declare that to the best of my knowledge the above information is correct"

PRIVACY STATEMENT – Our organization abides by the relevant National Privacy Principles of the *Privacy Act 1988*. The information on this form is to be retained by the organization that has arranged this sporting event / activity. The information is used for but not limited to providing medical assistance, injury surveillance information and possibly legal and insurance purposes. You can get more information about the way our organization manages your personal information by contacting club officials. Please note you may gain access to your personal information in accordance with the *Privacy Act 1988* and have it corrected, if required.

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