SDJFUA (INC) INJURY REPORTING FORM

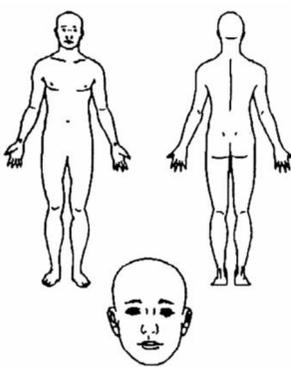**First Name:** _____   **Surname:** _____   **Today's Date:** __/__/__

DOB: __/ __/ __   **Gender: M   F**   **Venue/area at which injury occurred:** _____

Date of Injury __/__/__

Type of activity at time of injury
   training/practice
   competition
   other _____

Reason for Presentation
   new injury
   exacerbated/aggravated injury
   recurrent injury
   illness
   other _____

Body Region Injured
Tick or circle body part/s injured & name

Body part/s

_____

_____

Nature of Injury/Illness
   abrasion/graze
   open wound/laceration/cut
   bruise/contusion
   inflammation/swelling
   fracture (including suspected)
   dislocation/subluxation
   sprain e.g. ligament tear
   strain e.g. muscle tear
   overuse injury to muscle or tendon
   blisters
   concussion
   cardiac problem
   respiratory problem
   loss of consciousness
   unspecified medical condition
   other _____

Provisional diagnosis
_____
_____

CAUSE OF INJURY
Mechanism of Injury
   struck by ball (eg dislocated finger)
   collision with a player
   collision with fixed object (goal post)
   jumping
   slip/trip
   twisting to pass or accelerate
   overexertion (eg muscle tear)
   temperature related eg heat stress

   other _____

Explain exactly how the incident occurred

_____

_____

_____

Were there any contributing factors to the incident, unsuitable footwear, playing surface, equipment, foul play?
_____
_____

Protective Equipment
Was protective equipment worn on the injured body part?   yes   no
If yes, what type eg mouthguard, ankle brace, taping.

_____

Initial Treatment
   none given (not required)
   RICER   dressing
   sling, splint   crutches
   massage   manual therapy
   CPR   stretch/exercises
   strapping/taping only
   none given - referred elsewhere

   other _____

Advice Given
   immediate return unrestricted activity
   able to return with restriction
   unable to return at present time
Referral
   no referral
   medical practitioner
   physiotherapist
   chiropractor or other professional
   ambulance transport
   hospital
   other _____
Provisional severity assessment
   mild (1-7 days modified activity)
   moderate (8-21 days modified activity)
   severe (>21 days modified or lost)
Treating person
   medical practitioner
   physiotherapist
   sports trainer
   other _____
Date of Return (approx.):

____/____/ 2015

_____
Signature of Injured Person/Parent

_____
Signature of Coach
Please email this form to
andrew.hayes@swansumpires.org.au