INJURY REPORT FORM

Name: ________________________________ **Address:** ____

Phone ____________________ **Sport:** ________________ **Venue:** ____________________ **Team:** ________________

Report Time: ______________ **Today's Date:** ___/___/_____ **Gender:** M F **DoB:** ___/___/_____

REASON FOR PRESENTATION

- ❑ New injury
- ❑ Aggravated injury
- ❑ Recurrent injury
- ❑ Illness
- ❑ Other- ________________

DRSABCD

❑ Yes

BODY PART/S INJURED

____

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

SUSPECTED NATURE OF INJURY/ILNESS

- ❑ Soft Tissue
- ❑ Hard Tissue
- ❑ Wound/open/graze/abrasion
- ❑ Inflammation
- ❑ Dislocation
- ❑ Blister
- ❑ Concussion
- ❑ Vomiting
- ❑ Respiratory
- ❑ Loss of consciousness
- ❑ Unspecified medical
- ❑ Cold/Flu
- ❑ Illness
- ❑ Other

____

INITIAL MANAGEMENT

- ❑ None given
- ❑ Referred
- ❑ RICER + Warnings
- ❑ Sling/splint
- ❑ Immobilise
- ❑ Hypothermia / hyperthermia
- ❑ Wound
- ❑ Asthma
- ❑ Strapping/taping
- ❑ Massage
- ❑ CPR
- ❑ Infection disease control
- ❑ Rest/ Monitor
- ❑ Other

____
____
____
____

REFERRAL
(if referred at initial assessment)

- ❑ Medical practitioner
- ❑ Ambulance
- ❑ Hospital
- ❑ Other

Place/name of referral

____

ADVICE GIVEN (After TOTAPS)

- ❑ Immediate return to activity
- ❑ Return with restriction

____
____

- ❑ Unable to return at present
- ❑ Unable to return until clearance given

INJURED PLAYER REPORT

Injured player told that if injury / illness does **NOT** improve in the following 24 hours they **MUST** seek further advice from their own medical professional

❑ Yes

TREATING PERSON'S ACCREDATIONS

- ❑ Level 1 trainer
- ❑ Level 2 trainer
- ❑ Registered Nurse
- ❑ Doctor
- ❑ Physiotherapist

Full name

____

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

Signature of injured person/caregiver ____________________ Signature of treating person ________________________

PRIVACY STATEMENT – Our organisation abides by the relevant National Privacy Principles of the *Privacy Act 1988*. The information on this form is to be retained by our organisation 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 organisation 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.

DISCLAIMER - "The information contained in this resource is in the nature of general comment only, and neither purports, nor is intended, to be advice on a particular matter. No reader should act on the basis of anything contained in this resource without seeking independent professional advice from appropriate persons. No responsibility or liability whatsoever can be accepted by SA Sports Medicine Association, the State Government or the authors for any loss, damage or injury that may arise from any person acting on any statement or information contained in this resource and all such liabilities are expressly disclaimed."