

## Injury Report Form



Date Tir	neVenue	
Name	Age Height (cms)	Weight (kgs)
Player Position		
Indicate site of injury using a	bbreviations for:	
L Laceration B Bleeding D Dislocation F Fracture M Muscle injury J Joint injury H Head injury S Spinal injury I Internal injury		Exactly how did the injury occur?  Mechanism of Injury  ☐ Collision with fixed object / ground ☐ Collision with player / tackle
<ul><li> Walked</li><li> Assisted</li><li> Stretcher</li><li> Ambulance</li><li> Completed Game</li></ul>		☐ Sudden stopping ☐ During a fall ☐ Swerving / pivoting ☐ Other
Immediate Care    Ice   Compression   Immobilisation   Bleeding Controlled   Wound Dressing	Protective Equipment  Was protective equipment or taping used on the injured body part  Yes No  If yes, what type e.g. ankle brace, taping, headgear.	Where did the injury occur?  ☐ Start of sport / training ☐ About the middle sport / training ☐ Towards the end of sport / training  Has this injury occurred to you before? ☐ Yes ☐ No
Advice for Follow Up:	playing	
EMERGENCY CARE (please circle	e) Ambulance called Doc	tor called
Referral if above not called (pleas	se circle) Hospital Doc	tor
Sports Trainer Signature	NRL ID No	
Report Handed over to (Signature)		