INJURY REPORT FORM

Name: ______________________ **Phone No:** ______________

Sport: ______________________ **Venue:** ______________ **Team:** ______________________

Report Time: ______________ **Today's Date:** ______________ **Gender: (circle)** M F

REASON FOR PRESENTATION
- ❑ New injury
- ❑ Aggravated injury
- ❑ Recurrent injury
- ❑ Illness
- ❑ Other- ______________

DRABC
- ❑ Yes

BODY PART/S INJURED

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TOTAPS

T ______________________

O ______________________

T ______________________

A ______________________

P ______________________

S ______________________

HISTORY

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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 conscious
- ❑ Unspecified medical
- ❑ Cold/Flu
- ❑ Illness
- ❑ Other

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

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REFERRAL
(if referred at initial assessment)
- ❑ Medical practitioner
- ❑ Ambulance
- ❑ Hospital
- ❑ Other

Place/name of referral

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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 profesional

- ❑ yes

ADVICE GIVEN (After TOTAPS)
- ❑ Immediate return to activity
- ❑ Return with restriction

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

TREATING PERSONS ACCREDATIONS
- ❑ Level 1 trainer
- ❑ Level 2 trainer
- ❑ St Johns
- ❑ Doctor
- ❑ Physiotherapist

Full name

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

Signature of injured person ______________ Signature of treating person ______________

PRIVACY STATEMENT - (Insert organization name) abides by the relevant National Privacy Principles of the *Privacy Act 1988*. The information on this form is to be retained by the (insert 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 (insert organization name) manages your personal information by contacting (Name and address). 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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