

## AUSTRALIAN FOOTBALL INJURY REPORTING FORM

INJURED PERSON	DATE OF INJURY / /	CAUSE OF INJURY	PROTECTIVE EQUIPMENT
Name:	TYPE OF ACTIVITY AT TIME OF INJURY	MECHANISM OF INJURY	Was protective equipment worn on the injured
Date of Birth: / /	training/practice	struck by other player	body part? yes no
Gender: M F	competition	struck by ball (eg dislocated finger)	If yes, what type eg mouthguard, anklebrace,
Circle: Player / Umpire / Coach / Spectator	other	collision with other player/referee	taping.
Team/Grade:	REASON FOR PRESENTATION	collision with fixed object (goal post)	
	new injury	fall/stumble on same level	INITIAL TREATMENT
PERSON COMPLETING FORM	exacerbated/aggravated injury	jumping	none given (not required)
Name:	recurrent injury	landing from jump	RICER
Position at Club:	illness	slip/trip	dressing
Venue at which injury occured:	other	twisting to pass or accelerate	sling, splint crutches
Vollad at Whier Hijary Goodroa.	NATURE OF INJURY/ILLNESS	overexertion (eg muscle tear)	massagemanualtherapy
	abrasion/graze	overuse	CPRstretch/exercises
	open wound/laceration/cut	temperature related eg heat stress	strapping/taping only
	bruise/contusion	other	none given - referred elsewhere
	inflammation/swelling	Explain exactly how the incident occurred	other
	fracture (including suspected)		TREATING PERSON
	dislocation/subluxation		medical practitione
	sprain eg ligament tear		physiotherapist
	strain eg muscle tear		nurse
	overuse injury to muscle or tendon		sports trainer
	blisters		other
W.	concussion		C Ott ICI
	cardiac problem		
		Were there any contributing factors to the	
	respiratory problem loss of consciousness	incident, (eg.unsuitable footwear,	
		playing surface, equipment, foul play)	SIGNATURE OF TREATING PERSON
	unspecified medical condition	playing surface, equipment, four play)	
	other		
			Today's Date: / /
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