

AUSTRALIAN FOOTBALL INJURY REPORTING FORM

INJURED PERSON

Name:

Date of Birth: / /

Gender: M F

Circle: Player / Umpire / Coach / Spectator

Team/Grade:

PERSON COMPLETING FORM

Name:

Position at Club:

Venue 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

NATURE OF INJURY/ILLNESS

abrasion/graze

open wound/laceration/cut

bruise/contusion

inflammation/swelling

fracture (including suspected)

dislocation/subluxation

sprain eg ligament tear

strain eg muscle tear

overuse injury to muscle or tendon

blisters

concussion

cardiac problem

respiratory problem

loss of consciousness

unspecified medical condition

other

CAUSE OF INJURY

MECHANISM OF INJURY

struck by other player

struck by ball (eg dislocated finger)

collision with other player/referee

collision with fixed object (goal post)

fall/stumble on same level

jumping

landing from jump

slip/trip

twisting to pass or accelerate

overexertion (eg muscle tear)

overuse

temperature related eg heat stress

other

Explain exactly how the incident occurred

Were there any contributing factors to the incident, (eg. 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, anklebrace, 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

TREATING PERSON

medical practitioner

physiotherapist

nurse

sports trainer

other

SIGNATURE OF TREATING PERSON

Today's Date: / /