



Injury Report Form

Player Name: _____ Phone Number: _____
 Gender: M F D.O.B.: ___/___/___ Date: ___/___/___ Time: ___:___ am / pm
 Event: Game Practice Location: _____ Team: _____
 Team Official Present: Coach Manager Assistant Coach

TYPE OF ACTIVITY:

Training
 Warm-up
 Competition
 Cool-down
 Other: _____

INJURY STATUS:

New injury
 Aggravated injury
 Recurrent injury
 Illness
 Other: _____

SUSPECTED CAUSE OF INJURY:

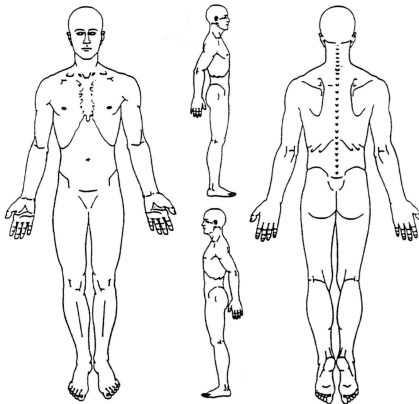
Collision with fixed object
 Collision with another player
 Fall from height/awkward landing
 Jumping to shoot or defend
 Overexertion
 Overuse
 Slip/trip/fall/stumble
 Struck by ball/object
 Temperature related
 Other: _____

ADVICE GIVEN

Unable to return at present
 Referred for further assessment before returning to activity
 Immediate return to activity
 Return to play with restrictions

BODY PARTS INJURED

Circle and Name



EXPLAIN HOW THE INCIDENT OCCURRED

NOTICE The injured person was advised that if the injury/illness does NOT improve in the following 24 hours they MUST seek further medical advice from their medical professional.

Yes No

IN YOUR OPINION, WERE THERE ANY CONTRIBUTING FACTORS TO THE INCIDENT? i.e. unsuitable footwear, playing surface, equipment, foul play.

Signature of Team Official:

X: _____

Date: ___/___/___

NATURE OF INJURY/ILLNESS

Bruise/contusion
 Cardiac problem Cold/flu Concussion
 Dislocation/subluxation
 Fracture (including suspected) Loss of consciousness
 Overuse injury
 Respiratory problem
 Skin injury
 Sprain (i.e. ligament tear)
 Strain (i.e. muscle tear) Unspecified medical condition
 Other: _____

WAS PROTECTIVE EQUIPMENT WORN ON THE INJURED BODY PART?

Yes No

If yes, what? (mouthguard, etc.)

INITIAL ATTENDANCE None given
 CPR Dressing Immobilization
 RICER
 Splint/sling Strapping/taping
 Transport from field
 SCAT2
 Other: _____

Signature of Witness (i.e. trainer, parent):

X: _____

Date: ___/___/___

Signature of Injured Person/Legal Guardian:

X: _____

Date: ___/___/___