

# Injury Report Form



## Athlete Information

Name of Athlete: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: M / F

## Injury Information

Injured Side: R / L      Date of Injury: \_\_\_/\_\_\_/\_\_\_

Nature of Injury: Acute / Chronic / Re-injury

### ***Injured Region:***

Abdomen	Eyes	Groin	Lower Leg	Toes
Ankle	Face	Hand	Neck	Trunk/Chest
Back	Fingers	Hip	Pelvis	Upper Arm
Chest	Foot	Head	Shoulder	Upper Leg
Elbow	Forearm	Knee	Thumb	Wrist

Specific Region: \_\_\_\_\_

### ***Suspected Injury:***

Blister	Concussion	Dental	Fracture	Sprain
Bruise	Cramp	Dislocation	Laceration	Strain

Other: (specify) \_\_\_\_\_

### ***Cause of Accident:***

Collision with obstacle  
Collision with person

Fall  
Hit by projectile

Previous Injury  
Sudden twist, turn, stop

## Injury Management

### ***First Aid Rendered***

Applied Ice  
CPR / rescue breathing  
Washed wound

Immobilisation / sling  
None rendered  
Other : (specify) \_\_\_\_\_

Splinting / taping  
Stopped bleeding

## Athlete Status

Continue to play

Out for game

Out for day

Out for tournament

## Further Care / Follow Up

Physio  
Doctor / Hospital  
None  
Other: \_\_\_\_\_

Transported: Ambulance  
Team Transport  
Other  
N/A

Name of Report Filler: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

### **TEAM MANAGERS**

At the conclusion of the event / tournament, this completed form should be copied; one copy for the parent / guardian and one copy to return with your Manager's Report to Tauranga City Basketball.