



MARLIN COAST RANGERS FOOTBALL CLUB - INJURY REPORTING FORM

Name: _____ Initials: _____ Position: _____ **Circle** Player/Umpire/Coach/Spectator
 Team: _____ Grade: _____ DOB: // Gender: M F Venue/area at which injury occurred: _____

Date of Injury //

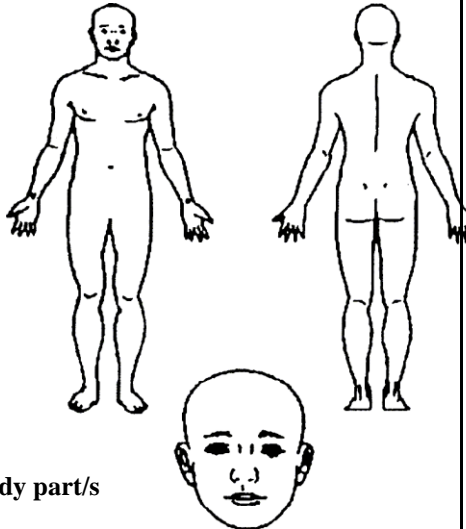
Type of activity at time of injury

Training/practice
 Competition
 Other _____

Reason for Presentation

New injury
 Exacerbated/aggravated injury
 Recurrent injury
 Illness
 Other _____

Body Region Injured
 Tick or circle body part/s injured & name



Body part/s

Nature of Injury/Illness

Abrasion/graze
 Sprain eg ligament tear
 Strain eg muscle tear
 Open wound/laceration/cut
 Bruise/contusion
 Inflammation/swelling
 Fracture (including suspected)
 Dislocation/subluxation
 Overuse injury to muscle or tendon
 Blisters
 Concussion
 Cardiac problem
 Respiratory problem
 Loss of consciousness
 Unspecified medical condition
 Other _____

Provisional diagnosis/es _____

CAUSE OF INJURY

Mechanism of Injury

Struck by other player
 Struck by ball or object
 Collision with other player/referee
 Collision with fixed object
 Fall/stumble on same level
 Jumping to shoot, defend/rebound
 Fall from height/awkward landing
 Gradual onset, no specific mechanism identified
 Slip/trip
 Temperature related eg heat stress
 Other _____

Explain exactly how the incident occurred

Were there any contributing factors to the incident, unsuitable footwear, playing surface, equipment, and foul play?

Protective Equipment
 Was protective equipment worn on the injured body part? Yes no

If yes, what type eg mouthguard, ankle brace, 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 _____

Advice Given

Immediate return unrestricted activity
 Able to return with restriction
 Unable to return at present time

Referral

No referral
 Medical practitioner
 Physiotherapist
 Chiropractor or other professional
 Ambulance transport
 Hospital
 Other _____

Provisional severity assessment

Mild (1-7 days modified activity)
 Moderate (8-21 days modified activity)
 Severe (>21 days modified or lost)

Treating person

Medical practitioner
 Physiotherapist
 Nurse
 Sports trainer
 Other _____

Signature of treating person

Today's Date: //

