



## Accident Report Form

Date of incident \_\_\_\_\_ Time of incident \_\_\_\_\_

Venue \_\_\_\_\_

### Injured person

Player       Match Official       Coach       Spectator       Other

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_

Postcode \_\_\_\_\_ Gender       Female       Male

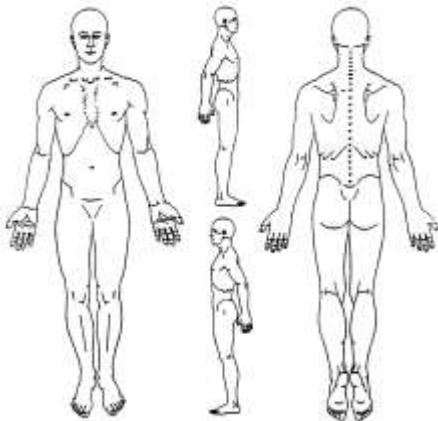
### Type of activity at time of injury

Training       Cool Down  
 Warm-up       Other *please specify*  
 Competition

### Reason for presentation

New Injury       Illness  
 Aggravated injury       Other *please specify*  
 Recurrent injury

Body parts injured *circle and name*



### Nature of injury/illness

Bruise/contusion       Inflammation/swelling       Loss of consciousness  
 Skin injury e.g. cut, blisters       Fracture (including suspected)       Overuse injury  
 Sprain e.g. ligament tear       Dislocation/subluxation       Respiratory problem  
 Strain e.g. muscle tear       Concussion       Cardiac problem  
 Other *please specify*

**Cause of injury**

- Collision with other player
- Fall from height
- Awkward landing
- Jumping to shoot or defend
- Other *please specify* \_\_\_\_\_
- Slip/trip/fall/stumble
- Overexertion
- Struck by ball/object
- Collision with fixed object
- Struck by other player
- Overuse

Explain how the incident occurred

Were there any contributing factors to the incident e.g. unsuitable footwear, playing surface, equipment, foul play etc

**Initial treatment**

- None given (not required)
- CPR
- Dressing
- Other *please specify* \_\_\_\_\_
- Immobilisation
- Ice
- Sling/splint
- Strapping/taping
- Stretch/exercises
- Transport from field/court

**Advice given**

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

**Notice**

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

Tick Initial

**Provisional severity assessment**

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

**Referral**

- No referral
- Medical practitioner
- Physiotherapist
- Other *please specify* \_\_\_\_\_
- Ambulance
- Hospital

All of the above facts are a true and accurate record of the accident;

	<b>Injured party</b>	<b>Parent/Guardian</b> <small>(if aged under 18-yrs)</small>	<b>Treating person</b>
Name	_____	_____	_____
Signature	_____	_____	_____