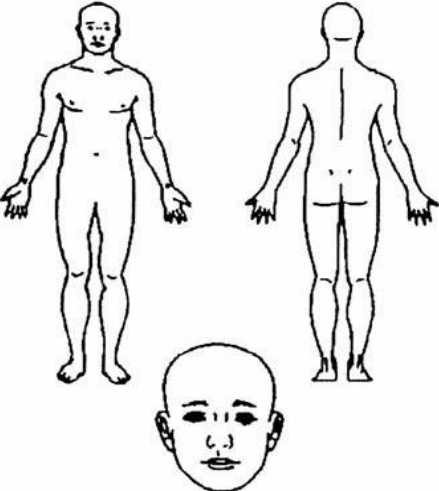


JFA(Q) Inc INJURY REPORTING FORM

Name: _____ Initials: _____ Circle _____ Player/Referee/Coach/Spectator

Team : _____ Level : _____ DOB: __/__/__ Gender: M F Venue/area at which injury occurred: _____

<p>Date of Injury __/__/__</p> <p>Type of activity at time of injury</p> <p><input type="radio"/> training/practice</p> <p><input type="radio"/> competition</p> <p><input type="radio"/> other _____</p> <p>Reason for Presentation</p> <p><input type="radio"/> new injury</p> <p><input type="radio"/> exacerbated/aggravated injury</p> <p><input type="radio"/> recurrent injury</p> <p><input type="radio"/> illness</p> <p><input type="radio"/> other _____</p> <p>Body Region Injured</p> <p>Tick or circle body part/s injured & name</p> <div style="text-align: center;">  </div> <p>Body part/s</p> <p>_____</p> <p>_____</p>	<p>Nature of Injury/Illness</p> <p><input type="radio"/> abrasion/graze</p> <p><input type="radio"/> sprain eg ligament tear</p> <p><input type="radio"/> strain eg muscle tear</p> <p><input type="radio"/> open wound/laceration/cut</p> <p><input type="radio"/> bruise/contusion</p> <p><input type="radio"/> inflammation/swelling</p> <p><input type="radio"/> fracture (including suspected)</p> <p><input type="radio"/> dislocation/subluxation</p> <p><input type="radio"/> overuse injury to muscle or tendon</p> <p><input type="radio"/> blisters</p> <p><input type="radio"/> concussion</p> <p><input type="radio"/> cardiac problem</p> <p><input type="radio"/> respiratory problem</p> <p><input type="radio"/> loss of consciousness</p> <p><input type="radio"/> unspecified medical condition</p> <p><input type="radio"/> other _____</p> <p>Provisional diagnosis/es</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">CAUSE OF INJURY</p> <p>Mechanism of Injury</p> <p><input type="radio"/> struck by other player</p> <p><input type="radio"/> struck by object</p> <p><input type="radio"/> collision with other player/referee</p> <p><input type="radio"/> collision with fixed object</p> <p><input type="radio"/> fall/stumble on same level</p> <p><input type="radio"/> jumping</p> <p><input type="radio"/> fall from height/awkward landing</p> <p><input type="radio"/> overexertion (eg muscle tear)</p> <p><input type="radio"/> twisting</p> <p><input type="radio"/> overuse <input type="radio"/> slip/trip</p> <p><input type="radio"/> temperature related eg heat stress</p> <p><input type="radio"/> other _____</p>	<p>Explain exactly how the incident occurred</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Were there any contributing factors to the incident, unsuitable footwear, playing surface, equipment, foul play?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Protective Equipment</p> <p>Was protective equipment worn on the injured body part? <input type="radio"/> yes <input type="radio"/> no</p> <p>If yes, what type eg mouthguard, ankle brace, taping.</p> <p>_____</p> <p>Initial Treatment</p> <p><input type="radio"/> none given (not required)</p> <p><input type="radio"/> RICER <input type="radio"/> dressing</p> <p><input type="radio"/> sling, splint <input type="radio"/> crutches</p> <p><input type="radio"/> massage <input type="radio"/> manual therapy</p> <p><input type="radio"/> CPR <input type="radio"/> stretch/exercises</p> <p><input type="radio"/> strapping/taping only</p> <p><input type="radio"/> none given - referred elsewhere</p> <p><input type="radio"/> other _____</p>	<p>Advice Given</p> <p><input type="radio"/> immediate return unrestricted activity</p> <p><input type="radio"/> able to return with restriction</p> <p><input type="radio"/> unable to return at present time</p> <p>Referral</p> <p><input type="radio"/> no referral</p> <p><input type="radio"/> medical practitioner</p> <p><input type="radio"/> physiotherapist</p> <p><input type="radio"/> chiropractor or other professional</p> <p><input type="radio"/> ambulance transport</p> <p><input type="radio"/> hospital</p> <p><input type="radio"/> other _____</p> <p>Provisional severity assessment</p> <p><input type="radio"/> mild (1-7 days modified activity)</p> <p><input type="radio"/> moderate (8-21 days modified activity)</p> <p><input type="radio"/> severe (>21 days modified or lost)</p> <p>Treating person</p> <p><input type="radio"/> medical practitioner</p> <p><input type="radio"/> physiotherapist</p> <p><input type="radio"/> nurse</p> <p><input type="radio"/> sports trainer</p> <p><input type="radio"/> other _____</p> <p>Signature of treating person</p> <p>_____</p> <p>_____</p> <p>Today's Date: __/__/__</p>
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