Injury details: This report reflects ar	accurate re	cord of the injur	ed person's	reported symp	toms of injury.
Name of person injured:			Date of Birth: / /		
Date when injury occurred: / /			Date when injury is evident: / /		
Person injured: □ Athlete □ Coach □ Other:			Gender:	□ Male	□ Female
Supervising Coach:(Signature)			Witness:(Signature)		
First Aid Provided By: Time of First (Signature)			id: :	Initial Treatment:	
Nature of injury: New injury Aggravated injury Other:				☐ Crutches ☐ Sling/Splint ☐ Dressing ☐ Strapping	
Did the injury occur during: □ Training □ Event □ Other:				□ Massage	□ Stretching
Symptoms of injury: □ Blisters □ Bleeding nose □ Bruising / Contusion □ Cut □ Graze / Abrasion □ Sprain □ Strain Body part injured: right left right	□ Inflammation / Swelling □ Cramp □ Suspected Fracture / Break □ Dislocation □ Concussion / Head Injury □ Loss of Consciousness □ Respiratory Problem How did the injury occur? □ Collision with a fixed object □ Collision / contact with anothe □ Fall from height / awkward land		reak ry ect nother perso	Clin / Trin	
	Extra detail regarding how the injury occurred: Was protective equipment worn on the injured body part?: Other: Other: No				
Follow up action: □ None □ Ambulance		practitioner/phy	•		Hospital
Signature of person completing form		Date: /	1		

Note: Coaches without medical training should refer all medical decisions to appropriately qualified persons. Do not attempt to 'diagnose' an injury. Users of this form are advised that medical information should be treated confidentially. In some states, additional legislation affects the management of health records. See www.austlii.edu.au for further information.