Injury Report Form

(complete all sections if an injury causes a stoppage in play and return to the Floor Controller)

Tournament			
Name of Athlete			
Age		**Gender**	☐ M ☐ F

Date of Injury		**Injured Side**	☐ Right	☐ Left
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	☐ Fall	☐ Previous injury
	☐ Collision with person	☐ Hit by projectile	☐ Sudden turn, twist, stop

First Aid Rendered			
	☐ Applied ice	☐ Immobilisation/sling	☐ Splinting/taping
	☐ CPR/rescue breathing	☐ None rendered	☐ Stopped bleeding
	☐ Washed wound	☐ Other (specify):	

Athlete Status			
	☐ Continue to play	☐ Out for ¼ game	☐ Out for ½ game
	☐ Out for ¾ game	☐ Out for whole game	☐ Out for Tournament

Further Care / Follow Up	☐ Hospital	☐ Doctor	☐ None	☐ Other (specify):

Transport	☐ N/A	☐ Ambulance	☐ Team Transport	☐ Other (specify):

Name of Report Filler		**Position**	
Signature		**Date**	