

Injury Record Form

Athlete Name	Surname		Given Name(s)	Sex ☐ Male ☐ Fe	emale	
Address				Date of Birth		
Any known medical conditions						
Injury Occurred at						
Ground/Loca	ition			Time an	n / pm	
Event				Date		
Assessment						
D anger	Yes	□No	Action			
Response	☐ Yes	□No	Action			
A irway	□Yes	□No	Action			
B reathing	☐ Yes	□No	Action			
Circulation	☐Yes	□No	Action			
S top						
T alk	what happ	what happened, how happened, what was felt, where hurt, is there pain elsewhere, has the part been injured before				
Observe	appearanc	appearance/nature, compare to other side, look for swelling, deformity, range of movement				
Prevent further injury	severe inju	ury, less se	vere injury, or minor injury			

Assessment continued (please tick)					
Area(s) injured Please circle injured area(s) Hard Tissue					
Other Please specify					
Other Press,					
Initial Management					
Continued to play?					
Transport off field / court Human crutch (1 person) 2 handed seat 3 handed seat 4 handed seat					
☐ Human crutch (2 person) ☐ Chair lift ☐ Stretcher ☐ Other ☐ Specify					
Initial management eg. immobilisation, splint, RICER etc.					
Further Management and Referral					
Instructions given to athlete					
Referred to: Hospital Doctor Physiotherapist Other Specify					
How transported to referred professional					
Was the injury preventable?					
If yes, how					
Overto First Aidous					
Sports First Aiders Signature Date					