

Injury Record Form

Athlete Name Surname Given Name(s) Sex Male Female

Address

Date of Birth

Any known medical conditions

Injury Occurred at

Ground/Location **Time** am / pm

Event **Date**

Assessment

Danger Yes No **Action**

Response Yes No **Action**

Airway Yes No **Action**

Breathing Yes No **Action**

Circulation Yes No **Action**

Stop


Talk what happened, how happened, what was felt, where hurt, is there pain elsewhere, has the part been injured before

Observe appearance/nature, compare to other side, look for swelling, deformity, range of movement

Prevent further injury severe injury, less severe injury, or minor injury

Assessment *continued* (please tick)

Area(s) injured
Please circle injured area(s)



- Hard Tissue Soft Tissue Dislocation/subluxation Skin Injury

Other

Initial Management

Continued to play? Yes No

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

Initial management

Further Management and Referral

Instructions given to athlete

Referred to: Hospital Doctor Physiotherapist Other

How transported to referred professional

Was the injury preventable? Yes No

If yes, how

Sports First Aiders Signature Date