



Name: _____ Position: _____ Gender: F M Player / Umpire / Coach / Spectator (Please circle)

Team: _____ Grade: _____ D.O.B: _____ Venue where injury occurred: _____

Date of Injury ____/____/____

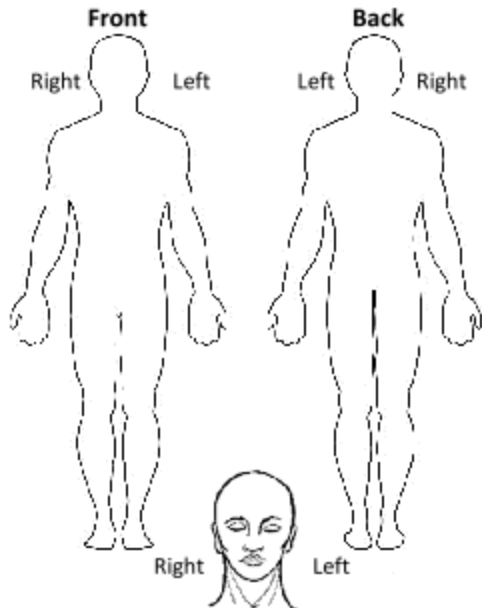
Type of activity at time of injury

- training/practice
competition
other

Reason for Presentation

- new injury
exacerbated/aggravated injury
recurrent injury
illness
other

Body region injured: circle body part/s injured below



Name of body part/s _____

TYPE OF INJURY/ILLNESS

Nature of Injury/Illness

- abrasion/graze
sprain e.g. ligament tear
strain e.g. muscle tear
open wound/laceration/cut
bruise/contusion
inflammation/swelling
fracture (including suspected)
dislocation/subluxation
overuse injury to muscle or tendon
blisters
concussion
cardiac problem
respiratory problem
loss of consciousness
unspecified medical condition
other

Provisional diagnosis/es

CAUSE OF INJURY/ILLNESS

Mechanism of Injury/Illness

- struck by other player
struck by ball or object
collision with other player/referee
collision with fixed object
fall/stumble on same level
jumping to shoot or defend
fall from height/awkward landing
overexertion (e.g. tear muscle)
overuse
slip/trip
temperature related e.g. heat stress
other

Explain exactly how the incident occurred

Were there any contributing factors to the incident, unsuitable footwear, playing surface, equipment, foul play?

Protective Equipment

Was protective equipment worn on the injured body part? yes no
If yes, what type e.g. ankle brace, taping.

Initial Treatment

- none given (not required)
RICER
dressing
sling, splint
crutches
massage
manual therapy
CPR
stretch/exercises
strapping/taping only
none given - referred elsewhere
other

Advice Given

- immediate return unrestricted activity
able to return with restriction
unable to return at present time

Referral

- no referral
medical practitioner
physiotherapist
chiropractor or other professional
ambulance transport
hospital
other

Provisional severity assessment

- mild (1-7 days modified activity)
moderate (8-21 days modified activity)
severe (>21 days modified or lost)

Treating person

- medical practitioner
physiotherapist
nurse
sports trainer
other

Treating Person (print name)

Signature Date

BNC Secretary (print name)

Signature Date