

C N A – Member injury report form



Name of person reporting injury:	
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Injury report details:	Name of injured person:	
	Date of injury:	
	Time of injury:	
	Location of injury: (court/venue)	
	Club/s involved: (i.e. Saints 1 VS Cutters 1)	
	Person/s involved: (i.e. Saints WA and Cutters WD)	
	Description of how injury occurred:	
<i>I hereby agree that all the information provided on this form to be true and correct.</i>		
Signature:		Date:

Injured person details: (for Cairns Netball to do a follow up)	Name:	
	Club & Team Name:	
	Email address: (if under 18 please provide parents details)	
	Phone #: (if under 18 please provide parents details)	

PLEASE TURN OVER PAGE AND COMPLETE
***NETBALL INJURY REPORTING FORM**



NETBALL INJURY REPORTING FORM

Name: _____ Initials: _____ Position: _____

Circle _____ Player/Referee/Coach/Spectator

Team: _____ Grade: _____ DOB: ____/____/____

Gender: M F Venue/area at which injury occurred: _____

Date of Injury ____/____/____

Nature of Injury/Illness

Explain exactly how the incident occurred

Advice Given

Type of activity at time of injury

abrasion/graze

immediate return unrestricted activity

able to return with restriction

training/practice

sprain eg ligament tear

unable to return at present time

referral

competition

strain eg muscle tear

open wound/laceration/cut

no referral

Reason for Presentation

bruise/contusion

inflammation/swelling

medical practitioner

new injury

fracture (including suspected)

dislocation/subluxation

physiotherapist

exacerbated/aggravated injury

overuse injury to muscle or tendon

blisters

chiropractor or other professional

recurrent injury

cardiac problem

concussion

ambulance transport

illness

respiratory problem

loss of consciousness

hospital

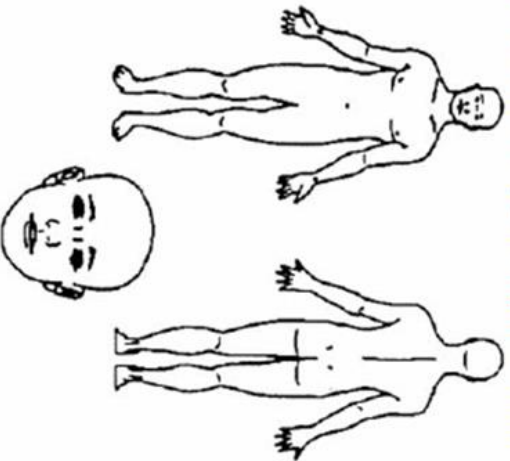
other _____

unspecified medical condition

other _____

other _____

Body Region Injured
Tick or circle body part/s injured & name



Body part/s _____

Provisional diagnosis/es _____

CAUSE OF INJURY

Mechanism of Injury

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 (eg tear muscle)

overuse

slip/trip

temperature related eg heat stress

other _____

Protective Equipment

Was protective equipment worn on the injured body part? yes no

If yes, what type eg 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 _____

Treating person

medical practitioner

physiotherapist

nurse

sports trainer

other _____

Signature of treating person

Today's Date: ____/____/____