

# Member Injury Report



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

other \_\_\_\_\_

competition

strain eg muscle tear

open wound/laceration/cut

bruise/contusion

Reason for Presentation

inflammation/swelling

fracture (including suspected)

referral

new injury

fracture (including suspected)

medical practitioner

physiotherapist

exacerbated/aggravated injury

dislocation/subluxation

overuse injury to muscle or tendon

chiropractor or other professional

recurrent injury

overuse injury to muscle or tendon

blisters

ambulance transport

illness

concussion

cardiac problem

hospital

other \_\_\_\_\_

respiratory problem

loss of consciousness

other \_\_\_\_\_

other \_\_\_\_\_

unspecified medical condition

other \_\_\_\_\_

other \_\_\_\_\_

other \_\_\_\_\_

other \_\_\_\_\_

other \_\_\_\_\_

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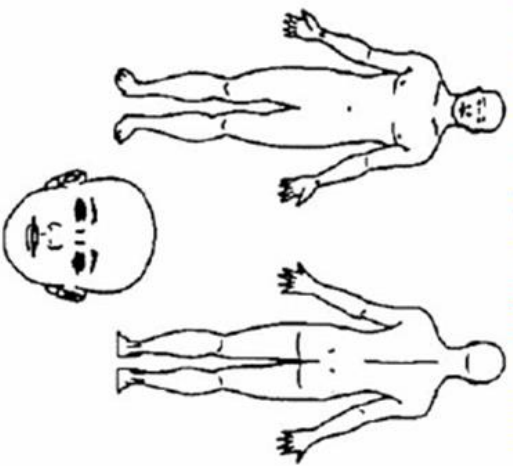
other \_\_\_\_\_

other \_\_\_\_\_

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
- sling, splint
- massage
- CPR
- strapping/taping only
- none given - referred elsewhere
- other \_\_\_\_\_

**Treating person**

- medical practitioner
- physiotherapist
- nurse
- sports trainer
- other \_\_\_\_\_

**Signature of treating person**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_