INCIDENT REPORT FORM

INJURED PERSON'S DETAILS

Club Name: _____

Full Legal Name: _____

Date of Birth: ____/____/____

Gender: ☐ Male ☐ Female ☐ Other _____

Role at time of incident: ☐ Player ☐ Referee/Official ☐ Coach ☐ Spectator

ACTIVITY INFORMATION

Date of Incident: _____/_____/_____ Incident Time: _____ AM/PM

Venue Name: _____

Venue Address: _____

_____

Event Name (If applicable): _____

Type of activity at time of injury: ☐ Training/Practice ☐ Competition ☐ Other: _____

Category of activity: ☐ Women ☐ Men ☐ Mixed Gender ☐ Juniors

INJURY DETAILS

Area of Body Injured ***(if option of Left/Right given cross out which one DOES NOT apply)***

☐ Head ☐ Torso ☐ Lower body

Part of body injured:

- ☐ Brain
- ☐ Ear
- ☐ Eye
- ☐ Facial Bones
- ☐ Head Injury
- ☐ Mouth
- ☐ Multiple Body Parts
- ☐ Neck
- ☐ Nose
- ☐ Other
- ☐ Teeth
- ☐ Whole Body

Part of body injured:

- ☐ Abdomen (including Groin and/or Pelvis)
- ☐ Chest
- ☐ Disc
- ☐ Elbow - Left/Right
- ☐ Finger
- ☐ Hand - Left/Right
- ☐ Hip - Left/Right
- ☐ Lower Arm - Left/Right
- ☐ Lower Back Area
- ☐ Lumbar and/or Sacral Vertebrae
- ☐ Multiple Body Parts
- ☐ Other
- ☐ Shoulder - Left/Right
- ☐ Upper Arm - Left/Right
- ☐ Upper Back Area
- ☐ Upper Leg - Left/Right
- ☐ Whole Body
- ☐ Wrist - Left/Right

Part of body injured:

- ☐ Ankle - Left/Right
- ☐ Buttocks
- ☐ Coccyx and/or Sacrum
- ☐ Foot - Left/Right
- ☐ Knee - Left/Right
- ☐ Multiple Body Parts
- ☐ Other
- ☐ Toes
- ☐ Whole Body

IF APPLICABLE:

☐ Left side

☐ Right side

Nature of Injury

Select ALL that apply to the incident

- ☐ abrasion/graze
- ☐ bruising
- ☐ collision with other player/referee
- ☐ collision with fixed object
- ☐ dislocation/subluxation
- ☐ fall from height/awkward landing
- ☐ inflammation/swelling
- ☐ loss of consciousness
- ☐ other
- ☐ respiratory problem
- ☐ sprain (ligament tear)
- ☐ struck by another player
- ☐ temperature related (heat stress, extreme cold)
- ☐ unspecified medical condition
- ☐ blisters
- ☐ cardiac problem
- ☐ collision with spectator
- ☐ concussion
- ☐ fall/stumble on same level
- ☐ fracture (including suspected)
- ☐ jumping
- ☐ open wound/laceration/contusion
- ☐ overuse injury to muscle or tendon
- ☐ slip/trip
- ☐ strain (muscle tear)
- ☐ struck by object

Details of Incident

Explain exactly how the incident occurred, include what part of the training session, game, etc. the incident occurred in:

_____

_____

_____

_____

_____

_____

Were there any contributing factors to the incident?

☐ equipment failure ☐ foul play ☐ none

☐ other ☐ playing surface ☐ unsuitable personal equipment

Was protective equipment worn on the injured body part? ☐ Yes ☐ No

If you answered yes to the above question, what type (mouth guard, ankle brace, taping): _____

_____

TREATMENT

Initial Treatment Given

- ☐ CPR /defibrillator
- ☐ manual therapy
- ☐ other
- ☐ sling, splint
- ☐ Dressing
- ☐ massage
- ☐ oxygen therapy
- ☐ strapping/taping
- ☐ Ice
- ☐ not required
- ☐ referred elsewhere
- ☐ stretch/exercises

Advice given

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

Referral given

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

Provisional Severity Assessment

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

Additional comments

_____

_____

_____

_____

Treating Person at time of Injury

Position of treating person

- ☐ first aider
- ☐ other _____
- ☐ nurse/paramedic
- ☐ sports trainer/coach

Legal name of treating person: _____

Contact details of treating person (Enter phone number and/or email address):

_____

Was this form completed by the treating person? ☐ Yes ☐ No

If no, enter the legal name and contact details of the person completing this form: _____

_____

Declaration

I have read the following information and understand it:

Privacy Statement – Skate Victoria abides by the relevant National Privacy Principles of the Privacy Act. The information on this form is to be retained by Skate Victoria. The information is used for but not limited to providing medical assistance, injury surveillance information and possibly legal and insurance purposes. You can get more information about the way Skate Victoria manages your personal information by contacting the office on (03) 5182 6816. Please note you may gain access to your personal information in accordance with the Privacy Act.

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☐ AGREE

Signature *of person completing the form*

_____ Date: ____/____/____