



Mornington Peninsula Hockey Club
Injury Reporting Form

Report No: _____ Date: _____
Completed by: _____ Initial: _____
(FULL NAME)

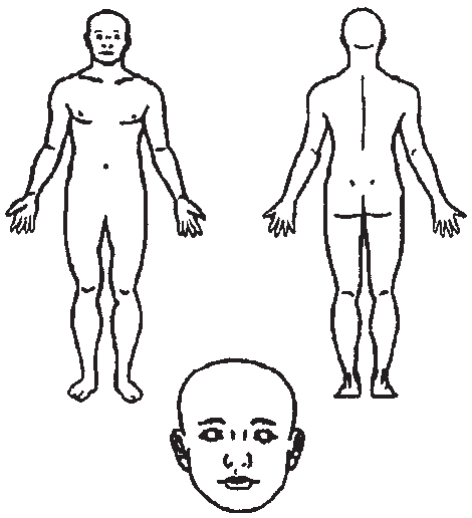
Name: _____ Initials: _____ Position: _____ Circle _____ Player/Referee/Coach/Spectator
Team: _____ Grade: _____ DOB: __/__/__ Gender: M F Venue/area at which injury occurred: _____

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
Tick or circle body part/s injured & name



Body part/s

Nature of Injury/Illness
 abrasion/graze
 sprain eg ligament tear
 strain eg 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

Mechanism of Injury
 struck by other player (eg in tackle)
 struck by ball (eg dislocated finger)
 collision with or tackling other player
 collision with fixed object (goal post)
 fall/stumble on same level
 slip/trip
 twisting to pass or accelerate
 scrum collapse or scrum contact
 overexertion (eg muscle tear)
 overuse
 temperature related eg 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 eg mouthguard, 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 _____

Signature of treating person

Today's Date: __/__/__