

## INJURY REPORTING FORM

Last updated: June 2020

### INJURY REPORTING

Sporting Associations, Leagues and clubs play a crucial role in the prevention of sports injuries and it is important that they provide participants with a safe environment. Sports injuries are not an inevitable part of participation and many injuries can be prevented or controlled by a variety of injury prevention strategies. Preventive efforts can reduce the incidence and severity of injuries, improve health and performance, and reduce health care costs to both individuals and society.

It is important that Associations, Leagues and Clubs record any injury sustained during training or competition. Information should include:

- The name of the injured person
- The date and time of injury
- The date and time of treatment
- Name of the person giving treatment
- Brief summary of treatment
- Brief note on cause of injury

The form attached is a sample Injury Reporting Form that can be altered to suit the needs of your Association/League/Club.

An Injury Reporting Form allows for many factors to be recorded (including environmental, court conditions, etc) and will enable your Association/League/Club to adequately record and begin to identify possible causes of injuries. Associations and Clubs will then be well equipped to develop and implement injury prevention strategies to decrease the number and severity of injuries occurring.

Associations/Clubs have a duty of care to respond appropriately in the case of injury, illness or emergency to mitigate the risk of loss, damage or liability. This does not imply your personnel need to be experts. All injuries should be referred to a medical expert for diagnosis and treatment.

### INSURANCE CLAIM FORMS

Please note that Injury Reporting Forms are for recording the incidence of injury. To make a claim in relation to an injury sustained whilst participating in an affiliated Association you need to complete an Injury Claim Form.

Visit <https://netball.vinsurance.com.au/16/How-to-Make-a-Claim> to find out how to make a claim.

**NETBALL INJURY REPORTING FORM**

Name: \_\_\_\_\_

Circle appropriate response: Player / Umpire / Administrator / Coach / Spectator

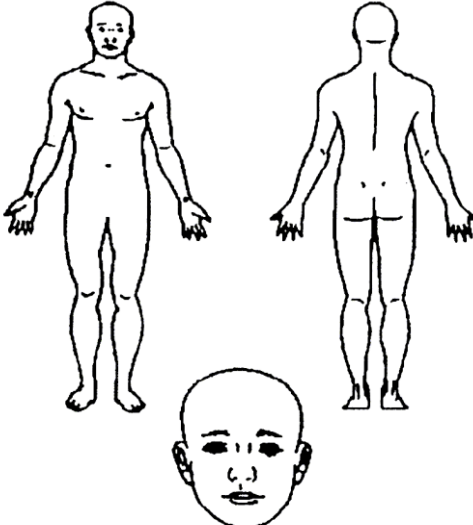
Team : \_\_\_\_\_

Grade: \_\_\_\_\_

DOB: \_\_/\_\_/\_\_

Gender: M  F

Association at which injury occurred: \_\_\_\_\_

<p><b>Date of Injury</b> __/__/__</p> <p><b>Type of activity at time of injury</b></p> <p><input type="checkbox"/> training/practice</p> <p><input type="checkbox"/> competition</p> <p><input type="checkbox"/> other _____</p> <p><b>Reason for Presentation</b></p> <p><input type="checkbox"/> new injury</p> <p><input type="checkbox"/> exacerbated/aggravated injury</p> <p><input type="checkbox"/> recurrent injury</p> <p><input type="checkbox"/> illness</p> <p><input type="checkbox"/> other _____</p> <p><b>Body Region Injured</b> Tick or circle body part/s injured &amp; name</p>  <p><b>Body part/s</b></p> <p>_____</p> <p>_____</p>	<p><b>Nature of Injury/Illness</b></p> <p><input type="checkbox"/> abrasion/graze</p> <p><input type="checkbox"/> sprain eg ligament tear</p> <p><input type="checkbox"/> strain eg muscle tear</p> <p><input type="checkbox"/> open wound/laceration/cut</p> <p><input type="checkbox"/> bruise/contusion</p> <p><input type="checkbox"/> inflammation/swelling</p> <p><input type="checkbox"/> fracture (including suspected)</p> <p><input type="checkbox"/> dislocation/subluxation</p> <p><input type="checkbox"/> overuse injury to muscle or tendon</p> <p><input type="checkbox"/> blisters</p> <p><input type="checkbox"/> concussion</p> <p><input type="checkbox"/> cardiac problem</p> <p><input type="checkbox"/> respiratory problem</p> <p><input type="checkbox"/> loss of consciousness</p> <p><input type="checkbox"/> unspecified medical condition</p> <p><input type="checkbox"/> other _____</p> <p><b>Provisional diagnosis/es</b> _____</p> <p>_____</p> <p><b>CAUSE OF INJURY</b></p> <p><b>Mechanism of Injury</b></p> <p><input type="checkbox"/> struck by other player</p> <p><input type="checkbox"/> struck by ball or object</p> <p><input type="checkbox"/> collision with other player/referee</p> <p><input type="checkbox"/> collision with fixed object</p> <p><input type="checkbox"/> fall/stumble on same level</p> <p><input type="checkbox"/> jumping to shoot or defend</p> <p><input type="checkbox"/> fall from height/awkward landing</p> <p><input type="checkbox"/> overexertion (eg tear muscle)</p> <p><input type="checkbox"/> overuse</p> <p><input type="checkbox"/> slip/trip</p> <p><input type="checkbox"/> temperature related eg heat stress</p> <p><input type="checkbox"/> other _____</p>	<p><b>Explain exactly how the incident occurred</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Were there any contributing factors to the incident, unsuitable footwear, playing surface, equipment, rough play?</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Protective Equipment</b> <b>Was protective equipment worn on the injured body part?</b></p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> no</p> <p><b>If yes, what type eg ankle brace, taping.</b></p> <p>_____</p> <p><b>Initial Treatment</b></p> <p><input type="checkbox"/> none given (not required)</p> <p><input type="checkbox"/> RICER</p> <p><input type="checkbox"/> sling, splint</p> <p><input type="checkbox"/> massage</p> <p><input type="checkbox"/> dressing</p> <p><input type="checkbox"/> crutches</p> <p><input type="checkbox"/> manual therapy</p> <p><input type="checkbox"/> stretch/exercises</p> <p><input type="checkbox"/> CPR</p> <p><input type="checkbox"/> strapping/taping only</p> <p><input type="checkbox"/> none given - referred elsewhere</p> <p><input type="checkbox"/> other _____</p>	<p><b>Advice Given</b></p> <p><input type="checkbox"/> immediate return unrestricted activity</p> <p><input type="checkbox"/> able to return with restriction</p> <p><input type="checkbox"/> unable to return at present time</p> <p><b>Referral</b></p> <p><input type="checkbox"/> no referral</p> <p><input type="checkbox"/> medical practitioner</p> <p><input type="checkbox"/> physiotherapist</p> <p><input type="checkbox"/> chiropractor or other professional</p> <p><input type="checkbox"/> ambulance transport</p> <p><input type="checkbox"/> hospital</p> <p><input type="checkbox"/> other _____</p> <p><b>Provisional severity assessment</b></p> <p><input type="checkbox"/> mild (1-7 days modified activity)</p> <p><input type="checkbox"/> moderate (8-21 days modified activity)</p> <p><input type="checkbox"/> severe (&gt;21 days modified or lost)</p> <p><b>Treating person</b></p> <p><input type="checkbox"/> medical practitioner</p> <p><input type="checkbox"/> physiotherapist</p> <p><input type="checkbox"/> nurse</p> <p><input type="checkbox"/> sports trainer</p> <p><input type="checkbox"/> other _____</p> <p><b>Signature of treating person</b></p> <p>_____</p> <p><b>Today's Date:</b> __/__/__</p>
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**INJURY REPORT FORM TO BE RETAINED BY ASSOCIATION/CLUB**