



# INJURY REPORT FORM

Use a single form for each injury incident. Fill in as much as possible but if answer is not known simply write "unknown".

<b>Date:</b>	<b>Time:</b>	<b>Ground:</b>
<b>MATCH TEAMS:</b>	_____ v _____	
<b>Name of injured person:</b>	<b>Date of Birth:</b> ___/___/___	

<b>Occurrence:</b>	<b>Injury Mechanism:</b>	<b>Intervention:</b>	<b>Site of Injury</b> (draw circle or arrow)
New <input type="checkbox"/>	Collision with player <input type="checkbox"/>	RICE <input type="checkbox"/>	
Aggravated <input type="checkbox"/>	Collision with object <input type="checkbox"/>	Referred to medical assistance (e.g. ambulance, hospital, doctor) <input type="checkbox"/>	
Recurrent <input type="checkbox"/>	Field Conditions <input type="checkbox"/>	Slip/Fall <input type="checkbox"/>	
Illness <input type="checkbox"/>	Struck by object <input type="checkbox"/>	Rest <input type="checkbox"/>	
Existing <input type="checkbox"/>	Overuse <input type="checkbox"/>	First Aid <input type="checkbox"/>	
	Overextension <input type="checkbox"/>	Other <input type="checkbox"/>	
	Other <input type="checkbox"/>		

<b>Describe briefly what happened:</b>
<b>Witnesses:</b>
<b>Name of person making this report:</b>

Send a copy of this report to [secretary@gsdca.com.au](mailto:secretary@gsdca.com.au) or The Honorary Secretary PO Box 1460 Milton Qld 4064

From the Concussion and Head trauma Guidelines: *Cricket Australia recommends that all cases of concussion or suspected concussion (and all other head traumas) should be documented on an injury report. As a minimum, the injury report should record the date and time of the incident, the venue and how the incident occurred (e.g. batting, fielding) and any of the symptoms reported or signs observed.*