QUEENSLAND SUB DISTRICTS CRICKET ASSOCIATION INC.

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".

Date:	Time:	Ground:
MATCH TEAMS:	Vs	
Name of injured person:		Date of Birth: ___/___/_

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

Describe briefly what happened:

Witnesses:

Name of person making this report:

Send a copy of this report to secretary@qsdca.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.*