



# Gungahlin Jets Australian Football Club

## Injury Record Form

Injury reports are to be filled out by Coaches or Managers only

All injuries are to be reported to the coaching staff after assessment has been completed

Report number  /20

Name

Surname  Given Name(s)

Sex  Male  Female

Address

Date of Birth

Any known medical conditions

### Injury Occurred at

Ground / Location

Time  am / pm

Event

Date

Venue/oval condition at time of injury  Very Hard  Firm  Soft

Weather conditions at time of injury  Fine  Light rain  Heavy rain

About the injury  Initial  Recurrence  Date of last occurrence

### Assessment

Danger  Yes  No

Action

Response  Yes  No

Action

Airway  Yes  No

Action

Breathing  Yes  No

Action

Circulation  Yes  No

Action

Stop

Talk

what happened, how happened, what was felt, where hurt, is there pain elsewhere, has the part been injured before

Observe


appearance/nature, compare to other side, look for swelling, deformity, range of movement

Prevent further injury

sever injury, less severe injury, or minor injury

**Assessment** *continued* (please tick)

Area(s) injured  
*Please circle injured area(s)*



Hard Tissue       Soft Tissue       Dislocation/subluxation       Skin Injury

Other

Please specify

**Initial Management**

Continued to play?     Yes     No

Transport off field / court

Human crutch (1 person)     2 handed seat     3 handed seat     4 handed seat

Human crutch (2 person)     Chair Lift     Stretcher     Other

Specify

Initial management

eg. immobilisation, splint, RICER etc.

**Further Management and Referral**

Instructions given to athlete

Referred to:

Hospital     Doctor     Physiotherapist     Other

Specify

Was the injury preventable     Yes     No

If yes, how

Name of person completing form

Title

eg Head Trainer

Signature

Date

Contact for Insurance Claim Forms:

Tanya McKee - 0488 132 074