



INJURY REPORT FORM

CLUB:

GRADE:

MATCH:

v

ROUND:

Note:

- The Gippsland League require an electronic copy of every injury report form completed to operations@gippslandleague.com.au.
- This is not an Injury Claim Form. All claims must be made through AFL Victoria's insurance provider.

INJURED PLAYERS' NAME & NUMBER:

DATE OF INJURY:

NATURE OF INJURY Please state the injury, proposed severity, time occurred in match

OUTCOME OF INJURY

- Player returned to the field in the same quarter
- Player missed 1 quarter
- Player missed 2+quarters
- Player did not return to the field
- Player went to hospital for assessment

Name of person (inc club role) reporting injury

GIPPSLAND LEAGUE - INJURY REPORT FORM



Injured Person: _____

Club: _____

Grade: _____

DOB: ___/___/___

Venue at which injury occurred: _____

<p>Date of Injury ___ / ___ / ___</p> <p>Type of activity at time of injury</p> <p><input type="checkbox"/> Training/practice</p> <p><input type="checkbox"/> Competition</p> <p><input type="checkbox"/> other _____</p> <p>Reason for Report</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>Body Region Injured</p> <p>Tick or circle body part/s injured & name</p> <div style="text-align: center;"> </div> <p>When did the injury / incident occur?</p> <p><input type="checkbox"/> Warm up</p> <p><input type="checkbox"/> First Quarter <input type="checkbox"/> Quarter Time</p> <p><input type="checkbox"/> Second Quarter <input type="checkbox"/> Half Time</p> <p><input type="checkbox"/> Third Quarter <input type="checkbox"/> Three Quarter Time</p> <p><input type="checkbox"/> Fourth Quarter</p> <p><input type="checkbox"/> Post Match</p>	<p>Nature of Injury/Incident</p> <p><input type="checkbox"/> Concussion</p> <p><input type="checkbox"/> Delayed concussion</p> <p><input type="checkbox"/> Loss of consciousness</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"/> Other _____</p> <p>Provisional diagnosis/es _____</p> <p style="text-align: center;">CAUSE OF INJURY</p> <p>Mechanism of Injury</p> <p><input type="checkbox"/> Struck by other player</p> <p><input type="checkbox"/> Struck by ball (eg dislocated finger)</p> <p><input type="checkbox"/> Collision with other player/referee</p> <p><input type="checkbox"/> Collision with fixed object (goal post, fence)</p> <p><input type="checkbox"/> Landing from jump</p> <p><input type="checkbox"/> Slip/trip</p> <p><input type="checkbox"/> Other _____</p> <p style="text-align: center;">RETURN TO PLAY</p> <p>Following the incident, the person:</p> <p><input type="checkbox"/> Returned to play immediately following treatment / assessment with unrestricted activity / performance.</p> <p><input type="checkbox"/> Able to return to play in a restricted capacity.</p> <p><input type="checkbox"/> Did not return to play for the remainder of the game / session.</p> <p><input type="checkbox"/> Other _____</p>	<p>Briefly explain how the incident occurred:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Were there any contributing factors to the incident, unsuitable footwear, playing surface, equipment, reported offence?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Protective Equipment</p> <p>Was protective equipment worn on the injured body part? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If yes, what type eg mouthguard, ankle brace, taping.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Initial Treatment(s)</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"/> CPR</p> <p><input type="checkbox"/> Strapping/taping only</p> <p><input type="checkbox"/> Concussion assessment</p> <p><input type="checkbox"/> Further assessment being carried out</p> <p><input type="checkbox"/> Other _____</p>	<p>Referral</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>Provisional severity assessment</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 (>21 days modified or lost)</p> <p>Treating person</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>Name & Signature of treating person</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Name & Signature of person completing form:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date form completed: ___ / ___ / ___</p> <p style="text-align: right;"><i>Please submit this form to your relevant Competition Manager by 9am the following morning immediately following the match.</i></p>
---	--	---	--

NOTE: The information contained on this report is collated in the nature of general comment only, and neither purports, nor is intended to be advice on a particular matter. No reader should act on the basis of anything contained on this form without seeking independent professional advice from an appropriately trained person. This form is designed to be used for reporting purposes only. It may be used in an Gippsland League Match Review Panel or Tribunal hearing if and when required, at the ultimate discretion of Gippsland League.