TRACK AND FIELD INJURY REPORTING FORM

Name:	Initials: DOB:/_/_	Gender: M \square F \square Event:	
Circle Person Injured Player/Referee/Coach/Spectator Venue/area at which injury occurred:			
Date of Injury//_	Nature of Injury/Illness	Explain exactly how the incident occurred	Action
	☐ sprain eg ligament tear		☐ immediate return to activity
Type of activity at time of injury	☐ strain eg muscle tear		unable to return today to activity
☐ training/practice	□ abrasion/graze		□ able to return but chose not to
□ competition	□ bruise/contusion		☐ referred for further assessment before
□ other	☐ inflammation/swelling		return to activity
	☐ fracture (including suspected)		
Reason for Presentation	☐ dislocation/subluxation		Referral
new injury	□ open wound/laceration/cut		☐ no referral
☐ exacerbated/aggravated injury	□ overuse injury to muscle or tendon		☐ medical practitioner
☐ recurrent injury	□ blisters		□ physiotherapist
□ illness			☐ chiropractor or other professional
dother	☐ cardiac problem	Were there any contributing factors to the	ambulance transport
	☐ respiratory problem	incident, unsuitable footwear, competition	☐ hospital
Body Region Injured	□ loss of consciousness	surface, equipment, foul play?	other
Tick or circle body part/s injured & name	unspecified medical condition		
\bigcap	□ other		Provisional severity assessment
)=()-(☐ mild (1-7 days modified activity)
	Provisional diagnosis/es		☐ moderate (8-21 days modified activity)
1); -\(\lambda\) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Protective Equipment	☐ severe (>21 days modified or lost)
(1) (1)		Was protective equipment worn on the	m
X(\\	G 1 1 1 G 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	injured body part? □ yes □ no	Treating person
	CAUSE OF INJURY	If	☐ medical practitioner
	Mechanism of Injury	If yes, what type eg ankle brace, taping.	☐ physiotherapist
)-/\-()-/\-(☐ overexertion (eg muscle tear)		nurse
()()	□ overuse	Initial Treatment	□ sports trainer
$\langle 0 \rangle \sim \langle 0 \rangle$	fall/stumble on same level	□ none given (not required)	other
00 () 210	☐ jumping (eg long, high, hurdles)☐ fall from height/awkward landing	☐ RICER ☐ massage	Signature of treating narrow
5=1=6	☐ slip/trip	☐ sling, splint ☐ manual therapy	Signature of treating person
6.3	☐ collision with other competitor	☐ dressing ☐ stretch/exercises	
(e)	☐ collision with fixed object	☐ strapping/taping only	Today's Date://_
	struck by other competitor	☐ crutches	Today S Date/_/_
Body part/s	☐ struck by other competitor ☐ struck by ball or object	□ CPR	Specific Recommendations:
	throwing (javelin, shot, hammer)	☐ none given - referred elsewhere	Specific recommendations.
	temperature related eg heat stress	□ other	
	other	-	