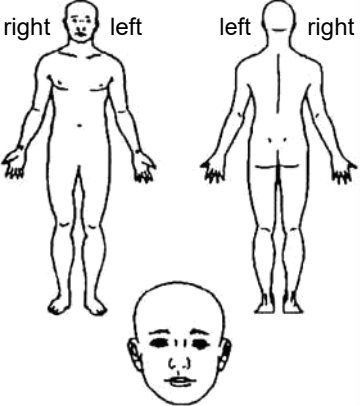


**YAGUARS SPORTS AND SOCIAL CLUB INC.**  
**Sports Injury Report Form Template**

Injury details: <i>This report reflects an accurate record of the injured person's reported symptoms of injury.</i>		
Name of person injured:		DOB:
Date when injury occurred:		Date when injury is evident:
Person injured: Athlete      Coach      Other:		Gender:      M      F
Supervising coach: _____ <span style="display: block; text-align: center; font-size: small;">(Signature)</span>		Witness: _____ <span style="display: block; text-align: center; font-size: small;">(Signature)</span>
First aid provided by: _____ <span style="display: block; text-align: center; font-size: small;">(Signature)</span>	Time of first aid: hh:hh    AM      PM	Initial treatment: No treatment required
Nature of injury:	New injury      Aggravated injury Recurrent injury      Other:	CPR <sup>i</sup> RICER <sup>ii</sup> Crutches      Sling/splint
<b>Did the injury occur during:</b>	Training      Event      Other:	Dressing      Strapping Massage      Stretching
<b>Symptoms of injury:</b>		
Blisters	Inflammation/swelling	Spinal injury
Bleeding nose	Cramp	Cardiac problem
Bruising/contusion	Suspected bone fracture/break	Electrical shock
Cut	Dislocation	Burn
Graze/abrasion	Concussion/head injury	Insect bite/sting
Sprain	Loss of consciousness	Poisoning
Strain	Respiratory problem	Other:
<b>Body part injured:</b>  	<b>How did the injury occur?</b>	
	Collision with a fixed object	Overbalance
	Collision/contact with another person	Overstretch
	Fall from height/awkward landing	Slip/trip
	Fall/stumble on same level	Other:
<b>Extra detail regarding how the injury occurred:</b>		
Was protective equipment worn on the injured body part?    Yes      No		
<b>Follow up action:</b>	None      Medical practitioner/physiotherapist      Hospital	
	Ambulance      Other:	
Signature of person completing form:		Date:

**Note:** Coaches without medical training should refer all medical decisions to appropriately qualified persons. Do not attempt to 'diagnose' an injury. Users of this form are advised that medical information should be treated confidentially.

<sup>i</sup> CPR: Cardiopulmonary Resuscitation

<sup>ii</sup> RICER: Rest, Ice, Compression, Elevation and Referral