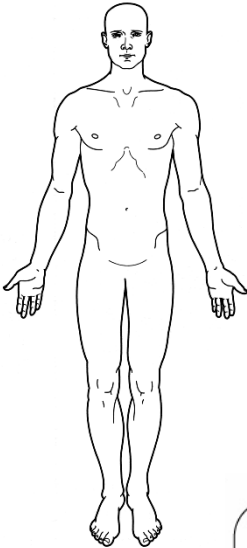
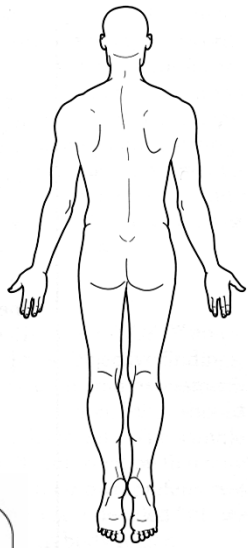
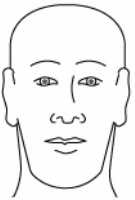


# CANBERRA REGION RUGBY LEAGUE INJURY REPORTING FORM

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M  F  Team: \_\_\_\_\_

Date of Injury \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Injury \_\_\_\_\_ am / pm Venue at which injury occurred: \_\_\_\_\_

**Circle:** Player / Referee / Coach / Spectator

|  |   |  |   |
|--|---|--|---|
| <p><b>Type of activity at time of injury</b></p> <p>Training – <input type="checkbox"/> start of Training<br/> <input type="checkbox"/> middle of Training<br/> <input type="checkbox"/> towards the end of Training</p> <p>Competition - <input type="checkbox"/> start of the Match<br/> <input type="checkbox"/> middle of the Match<br/> <input type="checkbox"/> towards the end of the Match</p> <p>Other _____</p><br><p><b>Body Region Injured</b><br/>                 Tick or circle body part/s injured</p> <div style="display: flex; justify-content: space-around; align-items: center;">   </div> <div style="text-align: center; margin-top: 20px;">  </div> | <p><b>Reason for Presentation</b></p> <p><input type="checkbox"/> new injury<br/> <input type="checkbox"/> exacerbated/aggravated injury<br/> <input type="checkbox"/> recurrent injury<br/> <input type="checkbox"/> illness<br/> <input type="checkbox"/> other _____</p> <p><b>Removal from the field</b></p> <p><input type="checkbox"/> walked<br/> <input type="checkbox"/> assisted<br/> <input type="checkbox"/> stretcher<br/> <input type="checkbox"/> ambulance<br/> <input type="checkbox"/> completed game</p> <p><b>Nature of Injury/Illness (including suspected)</b></p> <p><input type="checkbox"/> laceration<br/> <input type="checkbox"/> bleeding<br/> <input type="checkbox"/> dislocation<br/> <input type="checkbox"/> fracture<br/> <input type="checkbox"/> muscle/tendon injury<br/> <input type="checkbox"/> sprain/joint/ligament injury<br/> <input type="checkbox"/> head injury<br/> <input type="checkbox"/> spinal injury<br/> <input type="checkbox"/> internal injury<br/> <input type="checkbox"/> other _____</p> <p><b>Mechanism of Injury</b></p> <p><input type="checkbox"/> collision with fixed object/ground<br/> <input type="checkbox"/> collision with player/tackle<br/> <input type="checkbox"/> sudden stopping<br/> <input type="checkbox"/> during a fall<br/> <input type="checkbox"/> swerving/pivoting<br/> <input type="checkbox"/> Other _____</p> | <p><b>Explain exactly how the incident occurred</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Initial Treatment</b></p> <p><input type="checkbox"/> ice<br/> <input type="checkbox"/> compression<br/> <input type="checkbox"/> immobilisation<br/> <input type="checkbox"/> bleeding controlled<br/> <input type="checkbox"/> wound dressing<br/> <input type="checkbox"/> monitored<br/> <input type="checkbox"/> other _____</p> <p><b>Advice to player at home</b></p> <p><input type="checkbox"/> RICER – Rest<br/>                 Ice<br/>                 Compression<br/>                 Elevate<br/>                 Refer – to medical provider if pain or symptoms persist</p> <p><input type="checkbox"/> NO HARM - Heat<br/>                 Alcohol<br/>                 Running<br/>                 Massage (first 48 to 72 hrs)</p> | <p><b>Time off from training or playing</b></p> <p><input type="checkbox"/> nil<br/> <input type="checkbox"/> as advised by medical provider<br/> <input type="checkbox"/> other _____</p> <p><b>Ambulance called</b></p> <p><input type="checkbox"/> yes<br/> <input type="checkbox"/> no</p> <p><b>If not – referred to</b></p> <p><input type="checkbox"/> hospital<br/> <input type="checkbox"/> doctor<br/> <input type="checkbox"/> physio<br/> <input type="checkbox"/> above if problems persist<br/> <input type="checkbox"/> referral not required</p> <p><b>IF MEDICAL TREATMENT IS REQUIRED A MEDICAL CLEARANCE SHOULD BE PROVIDED</b></p> <p style="text-align: center; margin-top: 20px;"><u><b>NRL Sports Trainer</b></u></p> <p><b>Name:</b> _____</p> <p><b>Signature:</b> _____</p> <p><b>NRL ID Number :</b> _____</p> |
|--|---|--|---|