

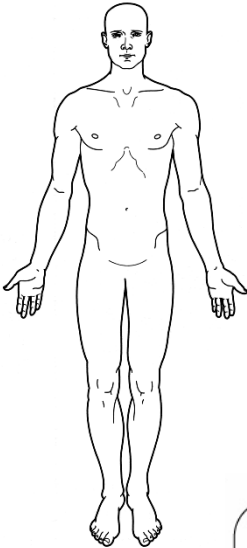
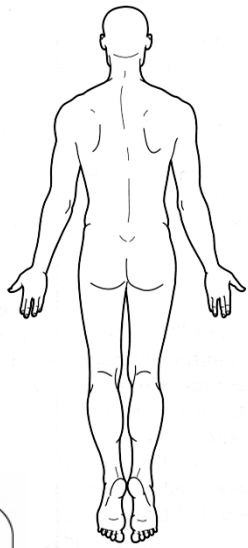
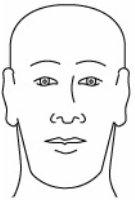
CANBERRA REGION RUGBY LEAGUE INJURY REPORTING FORM



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