Injury details: ***This report reflects an accurate record of the injured person's reported symptoms of injury***

Name of person injured:	**DOB:** / / (Day/Month/Year)
Date when injury occurred: / /	**Date when injury is evident:** / /
Person injured: ☐ Student ☐ Coach ☐ Other:	**Gender:** ☐ M ☐ F
Supervising Instructor: _____ (Name)	**Witness:**_____ (Name)
First aid provided by: _____ (Name)	**Time of first aid:** : hrs

Nature of injury: ☐ New injury ☐ Aggravated injury ☐ Recurrent injury ☐ Other: .....

Did the injury occur during: ☐ Training ☐ Competition ☐ Grading ☐ Other: .....

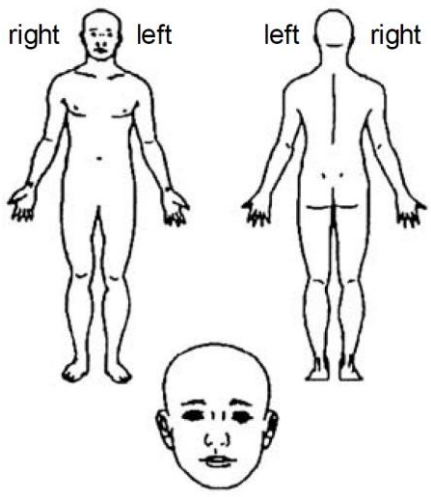
Initial treatment:

☐ No treatment required
☐ CPR ☐ RICER
☐ Crutches ☐ Sling/splint
☐ Dressing ☐ Strapping
☐ Massage ☐ Stretching

Symptoms of injury:

☐ Blisters ☐ Inflammation/swelling ☐ Spinal injury
☐ Bleeding nose ☐ Cramp ☐ Cardiac problem
☐ Bruising/contusion ☐ Suspected fracture/break ☐ Electric shock
☐ Cut ☐ Dislocation ☐ Burn
☐ Graze/abrasion ☐ Concussion/head injury ☐ Insect bite/sting
☐ Sprain ☐ Loss of consciousness ☐ Poisoning
☐ Strain ☐ Respiratory problem ☐ Other:

Body part injured:



How did the injury occur?

☐ 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:

Extra detail regarding how the injury occurred:

Was protective equipment worn on the injured body part? ☐ Yes ☐ No

Follow up action: ☐ None ☐ Medical practitioner/physiotherapist ☐ Hospital ☐ Ambulance ☐ Other:

Signature of person completing form:	**Date:** / /