

SOUTH WEST QUEENSLAND THUNDER FOOTBALL CLUB



INJURY REPORT SHEET

Date:-

Team:-

Athlete's Name :-

Date of Birth:- Time of Injury :- am / pm

Match / Training :- Place :-

Ground Condition at time of Injury :- **CIRCLE**

Very Hard Firm Soft Wet Water Logged

Weather Conditions at time of Injury :- **CIRCLE**

Fine Light Rain Heavy Rain Very Hot Cold Very Cold

NATURE OF INJURY - Please tick

Eye	Back	
Ear	Torso	
Face	Hip	
Head	Groin	
Neck	Knee	
Shoulder	Ankle	
Elbow	Foot	
Wrist	Toe	
Hand	Leg	
Finger	Internal	
Arm	Skin	
Chest	Respiratory	

Right Side **Left Side**.....

DESCRIPTION OF DAMAGE - Tick

Strain/Sprain	
Bruise/Crush	
Laceration/Cut	
Dislocation	
Fracture	
Burn/Scald	
Irritation	
Bite/Sting	
Concussion	
Allergy	
Superficial	
Poisoning	
Hearing Loss	
Multiple	

New, Re-Injury, Date of previous injury:.....

Activity of Player just prior to the injury:-.....

What went wrong that led to the Injury :-

.....

What actually caused the injury :-.....

Nature of Injury :-

Was any protective gear being worn:-

Referred to:-

Treatment Received :-

Follow up Treatment over next 48 hours:-

Additional Comments:-.....

Signature :- COACH

MANAGER

DOCTOR

Date:-

PHYSIO

