

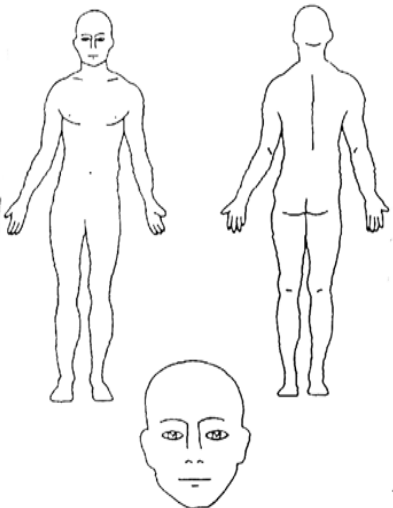
Masters Swimming Australia Inc.

Injury Report Form

Date: _____ Time: _____ am/pm Venue: _____ Date: _____

Patients Name: _____ Contact (local) Address: _____ Contact (local) Phone: _____

Age (at last birthday) _____ (years) Sex Male Female Person completing this form: _____

REASON FOR PRESENTATION	CAUSE OF INJURY	BODY REGION INJURED	TREATMENT AND ACTION
<p>New injury <input type="checkbox"/></p> <p>Aggravation of an old injury <input type="checkbox"/></p> <p>The injury occurred during:</p> <p>training <input type="checkbox"/></p> <p>competition <input type="checkbox"/></p> <p>other <input type="checkbox"/> specify _____</p> <hr/> <p>Protective equipment, tape or support was used on the injured body part at the time of injury</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/> specify _____</p> <hr/> <p>Nature of injury</p> <p><input type="checkbox"/> abrasion/graze</p> <p><input type="checkbox"/> concussion</p> <p><input type="checkbox"/> inflammation</p> <p><input type="checkbox"/> internal (within body e.g. muscle tear)</p> <p><input type="checkbox"/> aceration/cut</p> <p><input type="checkbox"/> sprain/strain</p> <p><input type="checkbox"/> hermal related</p> <p><input type="checkbox"/> other (specify) _____</p> <hr/> <p><input type="checkbox"/> pre-existing condition or illness (specify) _____</p> <p>_____</p> <p>_____</p>	<p>Activity or movement at the time of injury</p> <p>_____</p> <p>_____</p> <p>Environmental conditions at the time of the injury (specify) _____</p> <p>_____</p> <p>Cause of injury</p> <p><input type="checkbox"/> aggravation of previous injury</p> <p><input type="checkbox"/> collision with fixed object</p> <p><input type="checkbox"/> collision with moving object or person</p> <p><input type="checkbox"/> fall on same level</p> <p><input type="checkbox"/> fall from height</p> <p><input type="checkbox"/> heat exhaustion</p> <p><input type="checkbox"/> overexertion</p> <p><input type="checkbox"/> overuse</p> <p><input type="checkbox"/> struck by person</p> <p><input type="checkbox"/> struck by object</p> <p><input type="checkbox"/> other (specify) _____</p> <p>_____</p> <p>Explain exactly what went wrong when the injury occurred _____</p> <p>_____</p> <p>_____</p> <p>Name(s) of witness(es)</p> <p>_____</p> <p>_____</p>	<p>Indicate with a cross on the following diagrams where the injury occurred and write in words the body parts injured.</p> <div style="text-align: center;">  </div> <p>Body parts: _____</p> <p>Provisional diagnosis/es: _____</p> <p>_____</p> <p>_____</p> <p>Name of treating person</p> <p>_____</p>	<p>Treatment</p> <p><input type="checkbox"/> none needed</p> <p><input type="checkbox"/> none given - referred elsewhere</p> <p><input type="checkbox"/> dressing <input type="checkbox"/> RICE</p> <p><input type="checkbox"/> strapping/taping</p> <p><input type="checkbox"/> crutches, sling etc</p> <p><input type="checkbox"/> resuscitation</p> <p><input type="checkbox"/> medication (specify) _____</p> <p><input type="checkbox"/> other (specify) _____</p> <hr/> <p>Action</p> <p><input type="checkbox"/> immediate return to swim session</p> <p><input type="checkbox"/> unable to return to swimming today</p> <hr/> <p>Referral <input type="checkbox"/> none</p> <p><input type="checkbox"/> to other sports/health professional</p> <p><input type="checkbox"/> ambulance time called: _____</p> <p style="padding-left: 100px;">time arrived: _____</p> <p><input type="checkbox"/> taken to hospital</p> <p><input type="checkbox"/> other (specify) _____</p> <hr/> <p>Provisional severity assessment</p> <p><input type="checkbox"/> mild (no further treatment needed)</p> <p><input type="checkbox"/> moderate (further treatment needed)</p> <p><input type="checkbox"/> severe (referral to hospital)</p> <p>Treating person</p> <p><input type="checkbox"/> doctor <input type="checkbox"/> St John Ambulance</p> <p><input type="checkbox"/> physiotherapist <input type="checkbox"/> Red Cross</p> <p><input type="checkbox"/> sports trainer</p> <p><input type="checkbox"/> other (specify) _____</p>

* Completed report to Branch Safety Co-ordinator; Copy to file.
 * If additional information is available including preventative action, please attach a separate sheet