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

New injury ☐
Aggravation of an old injury ☐

The injury occurred during:
training ☐
competition ☐
other ☐ **specify** _____

Protective equipment, tape or support was used on the injured body part at the time of injury
No ☐ Yes ☐ specify _____

Nature of injury
☐ **abrasion/graze**
☐ **concussion**
☐ **inflammation**
☐ **internal (within body e.g. muscle tear)**
☐ **aceration/cut**
☐ **sprain/strain**
☐ **hermal related**
☐ **other (specify)**_____
_____
☐ **pre-existing condition or illness (specify)** _____
_____
_____

CAUSE OF INJURY

Activity or movement at the time of injury
_____
_____

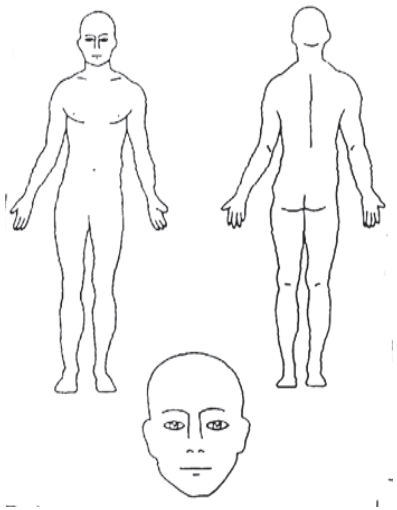
Environmental conditions at the time of the injury (specify) _____
_____

Cause of injury
☐**aggravation of previous injury**
☐**collision with fixed object**
☐**collision with moving object or person**
☐**fall on same level**
☐**fall from height**
☐**heat exhaustion**
☐**overexertion**
☐**overuse**
☐**struck by person**
☐**struck by object**
☐**other (specify)**_____
_____

Explain exactly what went wrong when the injury occurred _____
_____
_____
_____
Name(s)of witness(es)
_____

BODY REGION INJURED

Indicate with a cross on the following diagrams where the injury occurred and write in words the body parts injured.



Body parts: _____

Provisional diagnosis/es: _____
_____
_____
_____
Name of treating person
_____

TREATMENT AND ACTION

Treatment
☐ **none needed**
☐ **none given - referred elsewhere**
☐ **dressing** ☐ **RICE**
☐ **strapping/taping**
☐ **crutches, sling etc**
☐ **resuscitation**
☐ **medication (specify)** _____
☐ **other (specify)** _____
_____
Action
☐ **immediate return to swim session**
☐ **unable to return to swimming today**

Referral ☐ **none**
☐ **to other sports/health professional**
☐ **ambulance time called:** _____
time arrived: _____
☐ **taken to hospital**
☐ **other (specify)** _____
_____
Provisional severity assessment
☐ **mild (no further treatment needed)**
☐ **moderate (further treatment needed)**
☐ **severe (referral to hospital)**
Treating person
☐ **doctor** ☐ **St John Ambulance**
☐ **physiotherapist** ☐ **Red Cross**
☐ **sports trainer**
☐ **other (specify)** _____

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