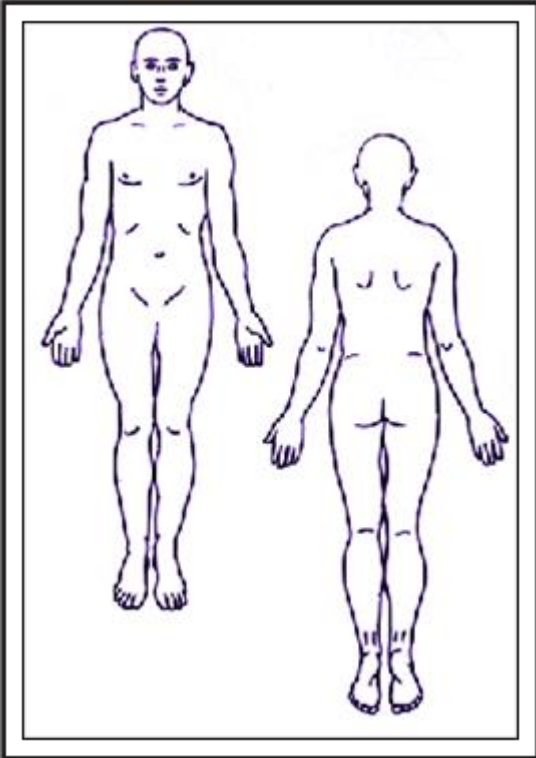




## South Melbourne Districts Sports Club – Junior Footy

Season 2021 – Injury Report Form

Injury date		Injury time																			
Player name		Player birth date																			
Player position		Player team																			
Injury venue																					
Method of removal from field	Walked	<input type="checkbox"/>																			
	Assisted	<input type="checkbox"/>																			
	Stretcher	<input type="checkbox"/>																			
	Ambulance	<input type="checkbox"/>																			
	Completed match	<input type="checkbox"/>																			
Injury (circle area and use the following abbreviations) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td>Laceration</td><td>L</td></tr> <tr><td>Bleeding</td><td>B</td></tr> <tr><td>Dislocation</td><td>D</td></tr> <tr><td>Fracture</td><td>F</td></tr> <tr><td>Muscle injury</td><td>M</td></tr> <tr><td>Joint injury</td><td>J</td></tr> <tr><td>Head injury</td><td>H</td></tr> <tr><td>Spinal injury</td><td>S</td></tr> <tr><td>Internal injury</td><td>I</td></tr> </table>	Laceration	L	Bleeding	B	Dislocation	D	Fracture	F	Muscle injury	M	Joint injury	J	Head injury	H	Spinal injury	S	Internal injury	I			
	Laceration	L																			
	Bleeding	B																			
	Dislocation	D																			
	Fracture	F																			
	Muscle injury	M																			
	Joint injury	J																			
	Head injury	H																			
	Spinal injury	S																			
	Internal injury	I																			
Significant observations																					

Immediate care	Ice	<input type="checkbox"/>	
	Compression	<input type="checkbox"/>	
	Immobilisation	<input type="checkbox"/>	
	Bleeding controlled	<input type="checkbox"/>	
	Wound dressing	<input type="checkbox"/>	
	Other	_____	
Follow up advice	Time off from training or playing: _____		
Emergency care	Ambulance called	<input type="checkbox"/>	
	Doctor called	<input type="checkbox"/>	
	Referral to doctor	<input type="checkbox"/>	
	Referral to hospital	<input type="checkbox"/>	
	Other comments	_____	

Club use

Injury reporting date		Club personnel managing injury	
Follow-up date		Injury reference number	