

Injury Record Form



Date: _____

Venue: _____

Player's Name: _____

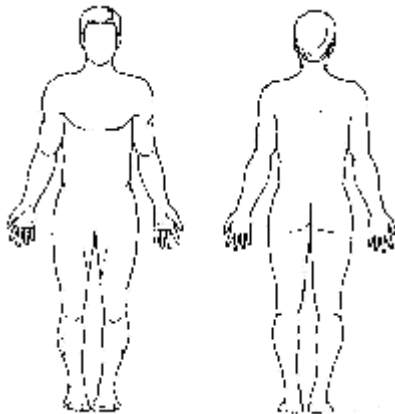
Male / Female

Game / Training

Time Injury Occurred: _____

How was injury sustained:

Body area injured:



Observations and Care Rendered

Ambulance Required: Yes / No

Hospitalisation Required : Yes / No

Follow Up

Additional Treatment : Yes / No Type of Treatment : (Physio etc)

Player cleared by professional advice (doctor / physio etc) to resume:	Training Date:	
	Playing Date:	
Medical Clearance Presented: Yes/No	Date presented/Sighted:	