

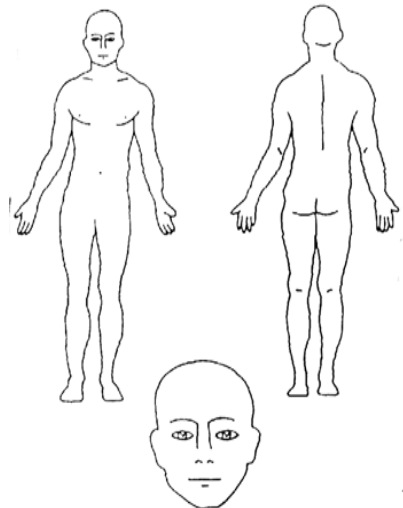
# Masters Swimming Australia Inc.

# 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"/>                      Aggravation of an old injury <input type="checkbox"/></p> <p>The injury occurred during:                      training <input type="checkbox"/>                      competition <input type="checkbox"/>                      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                      No <input type="checkbox"/> Yes <input type="checkbox"/> specify _____</p> <hr/> <p>Nature of injury  <input type="checkbox"/> abrasion/graze  <input type="checkbox"/> concussion  <input type="checkbox"/> inflammation  <input type="checkbox"/> internal (within body e.g. muscle tear)  <input type="checkbox"/> aceration/cut  <input type="checkbox"/> sprain/strain  <input type="checkbox"/> hermal related  <input type="checkbox"/> other (specify) _____</p> <hr/> <p><input type="checkbox"/> pre-existing condition or illness (specify) _____</p>	<p>Activity or movement at the time of injury                      _____                      _____</p> <p>Environmental conditions at the time of the injury (specify) _____                      _____</p> <p>Cause of injury  <input type="checkbox"/> aggravation of previous injury  <input type="checkbox"/> collision with fixed object  <input type="checkbox"/> collision with moving object or person  <input type="checkbox"/> fall on same level  <input type="checkbox"/> fall from height  <input type="checkbox"/> heat exhaustion  <input type="checkbox"/> overexertion  <input type="checkbox"/> overuse  <input type="checkbox"/> struck by person  <input type="checkbox"/> struck by object  <input type="checkbox"/> other (specify) _____</p> <hr/> <p>Explain exactly what went wrong when the injury occurred _____                      _____                      _____</p> <hr/> <p>Name(s) of witness(es) _____                      _____</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>Name of treating person _____                      _____</p>	<p>Treatment  <input type="checkbox"/> none needed  <input type="checkbox"/> none given - referred elsewhere  <input type="checkbox"/> dressing <input type="checkbox"/> RICE  <input type="checkbox"/> strapping/taping  <input type="checkbox"/> crutches, sling etc  <input type="checkbox"/> resuscitation  <input type="checkbox"/> medication (specify) _____  <input type="checkbox"/> other (specify) _____</p> <hr/> <p>Action  <input type="checkbox"/> immediate return to swim session  <input type="checkbox"/> unable to return to swimming today</p> <hr/> <p>Referral <input type="checkbox"/> none  <input type="checkbox"/> to other sports/health professional  <input type="checkbox"/> ambulance time called: _____                      time arrived: _____  <input type="checkbox"/> taken to hospital  <input type="checkbox"/> other (specify) _____</p> <hr/> <p>Provisional severity assessment  <input type="checkbox"/> mild (no further treatment needed)  <input type="checkbox"/> moderate (further treatment needed)  <input type="checkbox"/> severe (referral to hospital)                      Treating person  <input type="checkbox"/> doctor <input type="checkbox"/> St John Ambulance  <input type="checkbox"/> physiotherapist <input type="checkbox"/> Red Cross  <input type="checkbox"/> sports trainer  <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