



PSPL SURF ACADEMY INJURY REPORT FORM

DATE
VENUE

PLAYER INFORMATION

PLAYERS NAME	SURNAME	GIVEN NAME	MIDDLE NAME OR INITIAL
ADDRESS			
CITY		POSTAL CODE	
HOME PHONE	()	
PLAYER EMAIL	@		

INJURED BODY PART

	SPECIFIC BODY PART _____ _____ _____ _____ _____	FOLLOW UP <input type="checkbox"/> HOSPITAL <input type="checkbox"/> FAMILY PHYSICIAN <input type="checkbox"/> OTHER _____	FIRST AID TREATMENT <input type="checkbox"/> ICE <input type="checkbox"/> TAPE <input type="checkbox"/> TENSOR <input type="checkbox"/> SPLINT <input type="checkbox"/> CRUTCHES <input type="checkbox"/> OTHER _____													
		VITAL SIGNS N/A <input type="checkbox"/> <table border="1"> <thead> <tr> <th>TIME</th> <th>PULSE</th> <th>B.P.</th> <th>RESP. RATE</th> <th>TEMP</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		TIME	PULSE	B.P.	RESP. RATE	TEMP								
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TYPE OF INJURY

<input type="checkbox"/> CONCUSSION WITH LOSS OF CONSCIOUSNESS	<input type="checkbox"/> RUPTURE OF TENDON	<input type="checkbox"/> CONTUSION
<input type="checkbox"/> CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS	<input type="checkbox"/> LIGAMENT RUPTURE WITH INSTABILITY	<input type="checkbox"/> TENDONITIS / BURSITIS
<input type="checkbox"/> FRACTURE	<input type="checkbox"/> LIGAMENT RUPTURE WITHOUT INSTABILITY	<input type="checkbox"/> DENTAL INJURY
<input type="checkbox"/> DISLOCATION	<input type="checkbox"/> LESION OF MENISCUS	<input type="checkbox"/> DEEP WOUND
<input type="checkbox"/> RUPTURE OF MUSCLE	<input type="checkbox"/> SPRAIN	<input type="checkbox"/> LACERATION / ABRASION
<input type="checkbox"/> RUPTURE OF TENDON	<input type="checkbox"/> STRAIN	<input type="checkbox"/> OTHER _____

HISTORY / MECHANISM

HAS THE PLAYER HAD A PREVIOUS INJURY OF THE SAME LOCATION AND TYPE? <input type="checkbox"/> NO <input type="checkbox"/> YES _____ MONTHS AGO	WHEN DID THE INJURY OCCUR? <input type="checkbox"/> TRAINING <input type="checkbox"/> MATCH FIELD CONDITIONS _____
WAS THE INJURY CAUSED BY OVERUSE OR TRAUMA? <input type="checkbox"/> OVERUSE <input type="checkbox"/> TRAUMA	WAS THE INJURY CAUSED BY CONTACT WITH ANOTHER PLAYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

NOTES

TRAINER NAME > TEAM NAME > HEAD COACH NAME >	BRIEF REPORT OF INCIDENT >
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