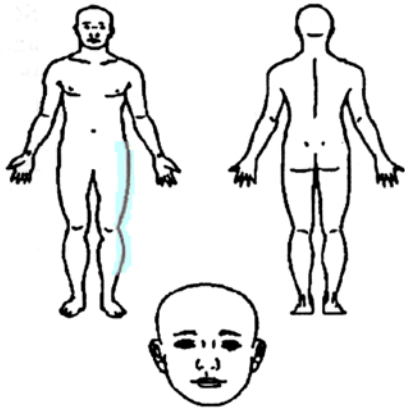


# SOFTBALL INJURY REPORTING FORM

Name: \_\_\_\_\_ Your involvement at time of injury: Player / Umpire / Coach / Spectator / Other Gender: M  F  DOB: \_\_\_\_\_

Date injury occurred: \_\_\_\_\_ Team: \_\_\_\_\_ Grade: \_\_\_\_\_ Association: \_\_\_\_\_ Venue where injury occurred: \_\_\_\_\_

<p><b>Date of injury:</b> _____</p> <p><b>Type of activity at time of injury</b></p> <p><input type="checkbox"/> Training</p> <p><input type="checkbox"/> Warm-up</p> <p><input type="checkbox"/> Competition</p> <p><input type="checkbox"/> Other _____</p> <hr/> <p><b>Reason for presentation</b></p> <p><input type="checkbox"/> New injury</p> <p><input type="checkbox"/> Exacerbated/ aggravated injury</p> <p><input type="checkbox"/> Recurrent injury</p> <p><input type="checkbox"/> Illness</p> <p><input type="checkbox"/> Other _____</p> <hr/> <p><b>Body region injured</b> Tick or circle body part/s injured and name</p> <div style="text-align: center;">  </div> <p><b>List Body part/s</b></p> <p>_____</p>	<p><b>Nature of Injury/ illness</b></p> <p><input type="checkbox"/> Abrasion/graze</p> <p><input type="checkbox"/> Open wound/ laceration/ cut</p> <p><input type="checkbox"/> Bruise/contusion</p> <p><input type="checkbox"/> Inflammation/swelling</p> <p><input type="checkbox"/> Fracture (including suspected)</p> <p><input type="checkbox"/> Dislocation/subluxation</p> <p><input type="checkbox"/> Sprain eg ligament tear</p> <p><input type="checkbox"/> Strain eg muscle tear</p> <p><input type="checkbox"/> Overuse injury to muscle or tendon</p> <p><input type="checkbox"/> Blisters</p> <p><input type="checkbox"/> Concussion</p> <p><input type="checkbox"/> Cardiac problems</p> <p><input type="checkbox"/> Respiratory problem</p> <p><input type="checkbox"/> Loss of consciousness</p> <p><input type="checkbox"/> Unspecified medical condition</p> <p><input type="checkbox"/> Other _____</p> <hr/> <p><b>CAUSES OF INJURY</b> <b>Mechanism of injury</b></p> <p><input type="checkbox"/> Struck by another player</p> <p><input type="checkbox"/> Struck by a ball or object</p> <p><input type="checkbox"/> Collision with other player/ umpire</p> <p><input type="checkbox"/> Collision with fixed object eg base/fence</p> <p><input type="checkbox"/> Fall/ stumble on same level</p> <p><input type="checkbox"/> Jumping to field</p> <p><input type="checkbox"/> Fall from height/ awkward landing</p> <p><input type="checkbox"/> Overexertion (eg muscle tear)</p> <p><input type="checkbox"/> Overuse</p> <p><input type="checkbox"/> Slip/ trip</p> <p><input type="checkbox"/> Temperature related eg heat stress</p> <p><input type="checkbox"/> Other _____</p>	<p><b>Explain exactly how the incident occurred:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Were there any contributing factors to the incident, unsuitable footwear, playing surface, equipment, foul play?</p> <p>_____</p> <hr/> <p><b>Protective equipment</b> Was protective equipment worn on the injured body part?</p> <p style="text-align: center;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If yes, what type eg mouthguard, ankle brace, taping, glove.</p> <p>_____</p> <hr/> <p><b>Initial treatment</b></p> <p><input type="checkbox"/> Non given (not required)</p> <p><input type="checkbox"/> Ice</p> <p><input type="checkbox"/> RICER</p> <p><input type="checkbox"/> Sling, splint</p> <p><input type="checkbox"/> Massage</p> <p><input type="checkbox"/> CPR</p> <p><input type="checkbox"/> Strapping/ taping only</p> <p><input type="checkbox"/> Dressing</p> <p><input type="checkbox"/> Crutches</p> <p><input type="checkbox"/> Manual therapy</p> <p><input type="checkbox"/> Stretch/ exercises</p> <p><input type="checkbox"/> Other _____</p>	<p><b>Action</b></p> <p><input type="checkbox"/> Immediate return to activity</p> <p><input type="checkbox"/> Unable to return on day to activity</p> <p><input type="checkbox"/> Return after short time</p> <p><input type="checkbox"/> Able to return but player chose not to</p> <p><input type="checkbox"/> Referred for further assessment before return to activity</p> <hr/> <p><b>Referral</b></p> <p><input type="checkbox"/> No referral</p> <p><input type="checkbox"/> Medical practitioner / Sports Medicine Centre</p> <p><input type="checkbox"/> Physiotherapist</p> <p><input type="checkbox"/> Chiropractor or other health professional</p> <p><input type="checkbox"/> Ambulance transport</p> <p><input type="checkbox"/> Hospital</p> <p><input type="checkbox"/> Other _____</p> <hr/> <p><b>Treating person</b></p> <p><input type="checkbox"/> Medical practitioner</p> <p><input type="checkbox"/> Physiotherapist</p> <p><input type="checkbox"/> Nurse</p> <p><input type="checkbox"/> Sports trainer</p> <p><input type="checkbox"/> Other _____</p> <hr/> <p style="text-align: center;"><b>Please note:</b></p> <p>This is not an injury insurance claim form. This form will be used to assess the types of injuries occurring in Softball and may be used for statistical purposes. It shall also serve to provide details to Melbourne Softball when they are substantiating any insurance claim. Insurance claim forms can be obtained at : <a href="http://www.sportscovers.com.au">www.sportscovers.com.au</a></p>
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**PLEASE HAND TO MELBOURNE SOFTBALL ASSOCIATION'S COMPETITION CO-ORDINATOR within 7 days of injury**