



**Sydney University Touch**

University Sports & Aquatic Centre (G09)  
The University of Sydney  
NSW Australia 2006  
Tel 02 8211 9161  
Fax 02 9351 4962  
Web www.sydney.touch.asn.au

---

## INJURY REPORT FORM

### Player

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_  
Player's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Player's address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Next of kin: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Player's team: \_\_\_\_\_ Player's gender: \_\_\_\_\_

### Match

Ground address: \_\_\_\_\_  
Condition of field: \_\_\_\_\_ Weather conditions: \_\_\_\_\_  
Time of injury event during game:  1st Half  2nd Half  
Referee's name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Is there video footage of the game?  Yes  No (if yes, please retain a copy)

### Injury

Did the player leave the field with an injury?  Yes  No  
Did the player return to the field?  Yes  No  
Was the game suspended?  Yes  No If yes, for how long: \_\_\_\_\_  
Site of injury: \_\_\_\_\_  
Description of how the injury occurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Was the player taken to hospital:  By car  By ambulance  By helicopter Other: \_\_\_\_\_  
What hospital was the player taken to? \_\_\_\_\_  
Who accompanied the player to hospital? \_\_\_\_\_  
Was there a doctor or medical personnel in attendance at the game?  Yes  No  
If yes, did that person apply medical treatment to the player?  Yes  No  
Name of medical personnel: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Outline the treatment, if any, the player received on the field: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_