



AFL Brisbane Juniors Injury Report

Date _____ Match or Training (Please circle)

Ground: _____

Surname: _____ Given Names: _____

Address: _____ Post Code: _____

Sex: Male Female (Please circle) Date of Birth: _____ Patient Telephone: _____

Next of Kin(Name & Relationship): _____ Next of Kin Telephone: _____

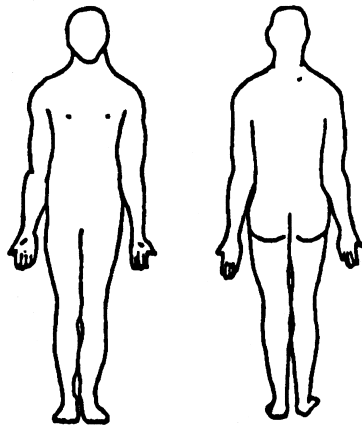
Players Club: _____ Injury occurred at what age level: _____

Ground condition at time of injury: (Please circle) Very Hard Firm Soft Squelchy

Weather condition at time of injury: (Please circle) Fine Light Rain Heavy Rain

Details of Incident (time of injury): _____ am _____ pm

Nature of Injury/Illness/Damage: (eg sprain, fracture, head injury) _____



Damage Type					
AM	Amputation	DF	Deafness	II	Internal Injury
AS	Asphyiation	DI	Dislocation	LA	Laceration/Cut
BR	Bruise	FB	Foreign Body	OW	Open Wound
BU	Burn	FR	Fracture	SS	Strain/Sprain/Back
CO	Concussion	HE	Hemia	OT	Other
DE	Dermatitis	IN	Inflammation		

Body Part Affected: (eg right knee) _____

Was Any Protective Gear Being Worn? (eg mouthguard, headgear, strapping) _____

OBSERVATIONS: (Please circle)

Respiratory Rate:	Normal	Abnormal			
Temperature:	Cold	Normal	Hot		
Colour:	Flushed	Pale	Cyannosed	Normal	Jaundiced
Skin:	Normal	Moist	Dry		
Pupil:	Reacts	No Reaction	None		
Eye Opening:	Spontaneous	To Voice	To Pain	None	
Verbal Response:	Orientated	Confused	Inappropriate	Incomprehensible	None
Motor Response:	Obeys	Localized	Withdraw	Flexion	Extension None

TREATMENT Referred To: _____

Treatment Received: _____

First Aid Officers Name: _____ Qualifications: _____

Signature: _____

