Karate-Do Goju-Kai Australia

VICTORIAN DIVISION

AFFILIATED TO: INTERNATIONAL KARATE-DO GOJU-KAI ASSOCIATION (I.K.G.A.)

INJURY REPORT FORM

Name of person injured:	DOB (Day/Month/Year): / /
Date when injury occurred: / /	Date when injury is evident: / /
Person injured: ☐ Student ☐ Adult ☐ Other:..	Gender M ☐ F ☐
Instructor / Coach: .... (Signature)	Witness: .... (Signature)
First aid provided by: .... (Signature)	Time of first aid: :
Nature of injury: ☐ New injury ☐ Aggravated injury ☐ Ambulance ☐ Other:..	**INITIAL TREATMENT:** ☐ No treatment required ☐ CPR ☐ Massage ☐ Strapping ☐ Crutches ☐ RICER ☐ Stretching ☐ Dressing ☐ Sling/splint ☐
Did the injury occur during: ☐ Training ☐ Event ☐ Other If **'other'** specify:	

SYMPTOMS OF INJURY:

☐ Blisters	☐ Inflammation / swelling	☐ Spinal injury
☐ Bleeding nose	☐ Cramp	☐ Cardiac problem
☐ Bruising / contusion	☐ Suspected bone fracture / break	☐ Electrical shock
☐ Cut	☐ Dislocation	☐ Burn
☐ Graze / abrasion	☐ Concussion / head injury	☐ Insect bite / sting
☐ Sprain	☐ Loss of consciousness	☐ Poisoning
☐ Strain	☐ Respiratory problem	☐ Other:..

Body part injured:

Right Left Left Right

HOW DID THE INJURY OCCUR?

☐ Collision with a fixed object	☐ Overbalance
☐ Collision / contact with another person	☐ Overstretch
☐ Fall from height / awkward landing	☐ Slip/trip
☐ Fall/stumble on same level	☐ Other:..

Extra detail regarding how the injury occurred:

Was protective equipment worn on the injured body part? ☐ **Yes** ☐ **No**

Follow up action: ☐ None ☐ Medical practitioner / physiotherapist ☐ Hospital ☐ Ambulance ☐ Other:..

Signature of person completing form: .... (Signature) **Date:** / /

Note: Coaches without medical training should refer all medical decisions to appropriately qualified persons. Do not attempt to 'diagnose' an injury. Users of this from are advised that medical information should be treated confidentially. In some states, additional legislation affects the management of health records. See **www.austlii.edu.au** for further information.

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