



THANET WANDERERS RUGBY UNION FOOTBALL CLUB INJURY REPORT FORM

PLAYER DETAILS

First Name	Last Name	Position
<input type="text"/>	<input type="text"/>	<input type="text"/>
Team:	<input type="text"/>	Date of Injury <input type="text"/>
Gender:	Female <input type="checkbox"/>	Male <input type="checkbox"/>
		Venue <input type="text"/>

Name of Player/referee/coach/spectator reporting the injury (include a contact number)

Type of activity: Training/practice Competiton Other

REPORT DETAILS

Reason for report

new injury
exacerbated/aggravated old injury
recurrent injury
other

Nature of injury

abrasion/graze
sprain eg ligament tear
strain eg muscle tear
open wwound/laceration/cut
bruise/contusion
inflammation/swelling
fracture (including suspected)
dislocation/sublaxation
overuse injury to muscle or tendon
blisters
concussion
cardiac problem
loss of conciousness

unspecified medical condition
other

Cause of injury

struck by other player (in tackle/ruck)
scrum collapse or scrum contact
struck by baal (eg dislocated finger)
collision with other player/referee
collision with fixed object (goal posts)
fall/stumble on same level
jumping in line out
landing from jump
slip/trip
twisting to pass or accelerate
overextension (eg muscle tear)
overuse
temperature related (eg heat sstress)
other



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Were there any contributing factors to the incident, unsuitable footwear, playing surface, equipment, foul play?

Protective equipment

Was protective equipment worn on the injured body part?

Yes No

If Yes, what type e.g. mouthguard, ankle brace, taping

Initial treatment

None given (not required)

sling/splint

massage

strapping/taping only

dressing

crutches

manual therapy

stretch/exercise

none given - referred elsewhere

CPR

other

physiotherapist

chiropractor or other professional

ambulance transport

hospital

other

Provisional severity assessment

mild (1-7 days modified activity)

moderate (8-21 days modified activity)

severe (+ 21 days modified activity)

Treating person

medical practitioner

physiotherapist

nurse

sports trainer/coach

other

Advice given

Immediate return unrestricted activity

able to return with restrictions

unable to return at current time

Referral

no referral

medical practitioner

Signature of treating person

Print name

Date