



INJURY REPORT FORM

Name:	Age:	Home Club:
Date:	Time:	Venue:

Indicate site of injury using abbreviations for suspected:

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>L</td><td>Laceration</td></tr> <tr><td>B</td><td>Bleeding</td></tr> <tr><td>D</td><td>Dislocation</td></tr> <tr><td>F</td><td>Fracture</td></tr> <tr><td>M</td><td>Muscle Injury</td></tr> <tr><td>J</td><td>Joint Injury</td></tr> <tr><td>H</td><td>Head Injury</td></tr> <tr><td>S</td><td>Spinal Injury</td></tr> <tr><td>I</td><td>Internal Injury</td></tr> </table>	L	Laceration	B	Bleeding	D	Dislocation	F	Fracture	M	Muscle Injury	J	Joint Injury	H	Head Injury	S	Spinal Injury	I	Internal Injury		<p>Observations:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>								
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Removal from Field:		Immediate Care:	
Walked		Ice	
Assisted		Compression	
Stretcher		Immobilization	
Ambulance		Bleeding controlled	
Completed game		Wound dressing	
		Other	

Advice for Follow Up:

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Emergency Care:

Ambulance Called Doctor Called

Referral if above not called Hospital Doctor.....

Special Comments.....

Rugby League Accredited First Aid Officer to Sign

Signed: Registration Number:

Community Football Department, ARL Development

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