

SERIOUS INJURY REPORT FORM
TEAM MANAGEMENT REPORT/UMPIRES REPORT

Serious injury reports must be completed for the following injuries:

- Any injury that requires the player to be transported directly from the ground to an emergency department, hospital or after-hours medical centre.
- Any injury that results in the admission of a player to an emergency department, hospital or after-hours medical centre after a game
- Any injury that is expected to prevent a player from playing for a period of 3 weeks or longer.

Serious Injury reports must be forwarded to the NHA office within 48 hours of the injury coming to the notice of the team management or umpires.

Please print clearly

INJURED PERSON

Surname: _____

First Name: _____

Date of Birth: _____ Gender: Male Female Other

Playing Position: _____ Grade: _____

Type of Injury

Concussion	<input type="checkbox"/>
Fracture	<input type="checkbox"/>
Dislocation	<input type="checkbox"/>
Serious Joint	<input type="checkbox"/>
Laceration	<input type="checkbox"/>
Other (specify)	_____

Site of Injury

Head	<input type="checkbox"/>
Face	<input type="checkbox"/>
Neck	<input type="checkbox"/>
Shoulder	<input type="checkbox"/>
Back	<input type="checkbox"/>
Arm	<input type="checkbox"/>
Hand	<input type="checkbox"/>
Chest/Trunk	<input type="checkbox"/>
Thigh/Hamstring	<input type="checkbox"/>
Knee	<input type="checkbox"/>
Lower Leg	<input type="checkbox"/>
Foot	<input type="checkbox"/>
Other (specify)	_____

On-field Treatment Provider

Doctor	<input type="checkbox"/>
St Johns	<input type="checkbox"/>
Team Official	<input type="checkbox"/>
Umpire	<input type="checkbox"/>
Other (specify)	_____

Method of Leaving the Field

Ambulance	<input type="checkbox"/>
Stretcher	<input type="checkbox"/>
Other (specify)	_____

Phase of Play

Tackle	<input type="checkbox"/>
Hit	<input type="checkbox"/>
Shot on Goal	<input type="checkbox"/>
Defending Goal	<input type="checkbox"/>
Other (specify)	_____

ACCIDENT DETAILS

Date: _____ Time: _____

Place: _____

Signed: _____

Designation (eg umpire, team manager etc) _____

Contact No – Mobile _____

Club/School: _____

Brief description of accident: _____