

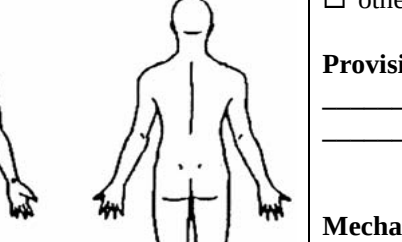
BASEBALL INJURY REPORTING FORM

Name: _____ Initials: _____ Player Position: _____

Circle

Player/Umpire /Coach/Spectator

Team : _____ **Grade:** _____ **DOB:** __/__/__ **Gender:** M ☐ F ☐ **Venue/area at which injury occurred:** _____

Date of Injury __/__/__ Type of activity at time of injury ☐ training/practice ☐ competition ☐ other _____	Nature of Injury/Illness ☐ abrasion/graze ☐ sprain eg ligament tear ☐ open wound/laceration/cut ☐ bruise/contusion ☐ inflammation/swelling ☐ fracture (including suspected) ☐ dislocation/subluxation ☐ strain eg muscle tear ☐ overuse injury to muscle or tendon ☐ blisters ☐ concussion ☐ cardiac problem ☐ respiratory problem ☐ loss of consciousness ☐ unspecified medical condition ☐ other _____	Explain exactly how the incident occurred	
Reason for Presentation ☐ new injury ☐ exacerbated/aggravated injury ☐ recurrent injury ☐ illness ☐ other _____	Provisional diagnosis/es _____ _____ _____	Referral ☐ no referral ☐ medical practitioner ☐ physiotherapist ☐ chiropractor or other professional ☐ ambulance transport ☐ hospital ☐ other _____	
Body Region Injured Tick or circle body part/s injured & name  Body part/s _____ _____	CAUSE OF INJURY Mechanism of Injury ☐ sliding into base ☐ struck by other player ☐ struck by ball, bat or object ☐ collision with other player/referee ☐ collision with fixed object eg base ☐ fall/stumble on same level ☐ jumping to field ☐ fall from height/awkward landing ☐ overexertion (eg muscle tear) ☐ overuse ☐ slip/trip ☐ temperature related eg heat stress ☐ other _____	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 eg mouthguard, ankle brace, taping, glove. _____ Initial Treatment ☐ none given (not required) ☐ RICER ☐ dressing ☐ sling, splint ☐ crutches ☐ massage ☐ manual therapy ☐ CPR ☐ stretch/exercises ☐ strapping/taping only ☐ none given - referred elsewhere ☐ other _____	
			Advice Given ☐ immediate return unrestricted activity ☐ able to return with restriction ☐ unable to return at present time
			Provisional severity assessment ☐ mild (1-7 days modified activity) ☐ moderate (8-21 days modified activity) ☐ severe (>21 days modified or lost)
			Treating person ☐ medical practitioner ☐ physiotherapist ☐ nurse ☐ sports trainer ☐ other _____
			Signature of treating person _____ _____
Today's Date: __/__/__			