BASEBALL INJURY REPORTING FORM

Name:	Initials: Player Position:	Circle	Player/Umpire /Coach/Spectator
Team :	Grade: DOB://_	Gender: M □ F □ Venue/area at which	h injury occurred:
Date of Injury/_/_	Nature of Injury/Illness	Explain exactly how the incident occurred	Advice Given
Type of activity at time of injury ☐ training/practice	□ abrasion/graze □ sprain eg ligament tear □ open wound/laceration/cut		☐ immediate return unrestricted activity ☐ able to return with restriction ☐ unable to return at present time
☐ competition ☐ other	☐ bruise/contusion☐ inflammation/swelling		Referral
	☐ fracture (including suspected)		□ no referral
Reason for Presentation	☐ dislocation/subluxation		☐ medical practitioner
new injury	strain eg muscle tear		physiotherapist
□ exacerbated/aggravated injury	overuse injury to muscle or tendon		☐ chiropractor or other professional
☐ recurrent injury	☐ blisters ☐ concussion		ambulance transport
□ illness	☐ concussion ☐ cardiac problem	Were there any contributing factors to the	☐ hospital ☐ other
□ other	☐ respiratory problem	incident, unsuitable footwear, playing	
Body Region Injured	□ loss of consciousness	surface, equipment, foul play?	Provisional severity assessment
Tick or circle body part/s injured & name		surface, equipment, four play:	☐ mild (1-7 days modified activity)
Tick of circle body part's injured & name	other		☐ moderate (8-21 days modified activity)
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			severe (>21 days modified or lost)
	Provisional diagnosis/es		
1 12 1		Protective Equipment	Treating person
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Was protective equipment worn on the	☐ medical practitioner
		injured body part? □ yes □ no	□ physiotherapist
	CAUSE OF INJURY		□ nurse
··· () / ··· · · · · /) · ·	Mechanism of Injury	If yes, what type eg mouthguard, ankle	□ sports trainer
_\\.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	☐ sliding into base	brace, taping, glove.	□ other
(\mathfrak{M})	☐ struck by other player		
\(\)\(\)	☐ struck by ball, bat or object	T '4' 1 77 4 4	Signature of treating person
50 () NR	□ collision with other player/referee	Initial Treatment	
1=1=6	☐ collision with fixed object eg base☐ fall/stumble on same level☐	☐ none given (not required) ☐ RICER ☐ dressing	
6.3	imping to field	□ sling, splint □ crutches	Today's Data
(e)	☐ fall from height/awkward landing	☐ massage ☐ manual therapy	Today's Date://_
D 1 4	□ overexertion (eg muscle tear)	☐ CPR ☐ stretch/exercises	
Body part/s	overese overese	☐ strapping/taping only	
	- Slip/trip	none given - referred elsewhere	
	temperature related eg heat stress	other	
	other		

Email completed form to both: JBCSecretary@manlybaseball.com.au JBCRecorder@manlybaseball.com.au