BASKETBALL New Zealand

Injury Report Form

Event				
Team				
Name of Athlete				
Age		**Gender**	☐ M	☐ F

Date of Injury			**Injured Side**	☐ Right	☐ Left
Approx time of Injury		**Game Section**	☐ Warm Up ☐ Cool Down	**In game**	☐1st Q ☐3rd Q ☐2nd Q ☐4th Q
Nature of Injury	☐ New Injury		☐ Existing Injury	☐ Re-injury	

(Tick all applicable)

Injured Region	☐ Head	☐ Chest	☐ Elbow	☐ Thumb	☐ Knee
	☐ Eyes	☐ Trunk	☐ Forearm	☐ Hip	☐ Lower Leg
	☐ Face	☐ Abdomen	☐ Wrist	☐ Pelvis	☐ Ankle
	☐ Neck	☐ Back	☐ Hand	☐ Groin	☐ Foot
	☐ Shoulder	☐ Upper Arm	☐ Fingers	☐ Upper Leg	☐ Toes
Other Region					

(Tick all applicable)

Suspected Injury	☐ Head Injury	☐ Dental	☐ Fracture	☐ Sprain
	☐ Dislocation	☐ Open Wound	☐ Strain	☐ Contusion
Other (specify)				

(Tick all applicable)

Cause of Injury	☐ Collision with object	☐ Slip / Fall	☐ Collision with person
	☐ Hit by object	☐ Change Direction (turn, twist, stop)	☐ Jump / Land
Further Explanation			

(Tick all applicable)

Interventions	☐ RICE	☐ Immobilisation / sling	☐ Splinting/taping	☐ First Aid	
	☐ CPR	☐ Other (specify):	☐ None		
Further Care / Follow Up	☐ Ambulance / Paramedic	☐ Hospital / A & E	☐ Doctor	☐ Physio	☐ None
Other (specify)					

(Tick all applicable)

Athlete Status	☐ Continue to play	☐ Out for ¼ game	☐ Out for ½ game
	☐ Out for ¾ game	☐ Out for whole game	☐ Out for Tournament

Name of Report Filler		**Position**	
Signature		**Date**	

Complete all sections and return to the Floor Controller / Tournament Official within 24 hours.