

Curtin University Hockey Club  
Curtin Stadium, Curtin University  
www.cuhc.org.au



### INJURY AND ACCIDENT REPORT FORM

ATHLETE NAME  SEX M  F

ADDRESS  DOB

ANY KNOWN MEDICAL CONDITIONS

#### INJURY OCCURRED AT

Ground/location  Time AM/PM

Event  Date

#### ASSESSMENT/INJURY

#### INITIAL MANAGEMENT

Continued to play Y  N

Treatment

#### FURTHER MANAGEMENT

Instructions given to athlete

Referred to: Hospital  Doctor  Physio  Other (specify)

How transferred to professional

Was the injury preventable? Y  N

If yes, how?

#### TEAM OFFICIAL/FIRST AIDER

|   |                      |           |                      |                      |
|---|----------------------|-----------|----------------------|----------------------|
| Name  | <input type="text"/> | Signature | <input type="text"/> | DATE                 |
| Job Title (e.g. coach/manager/parent/spectator) |                      |           | <input type="text"/> | <input type="text"/> |
| Witness   | <input type="text"/> | Signature | <input type="text"/> |                      |