



# AUSTRALIAN JU-JITSU ASSOCIATION INC - INJURY REPORTING FORM



<b>Name:</b>		<b>Address:</b>		<b>D.O.B:</b>		<b>Mob:</b>	
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<b>Club:</b>		<b>Venue:</b>		<b>Address:</b>	
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Incident/Injury Data	Participation as:	Type of activity at time of injury	Reviewed/Treated by:-
Date of Injury	<input type="checkbox"/> student	<input type="checkbox"/> warm-up	Name:
Time of injury	<input type="checkbox"/> sensei, coach, volunteer	<input type="checkbox"/> training/practice	Qualification
Reported to	<input type="checkbox"/> parent, sibling	<input type="checkbox"/> seminar/competition	Signature
Date Reported	<input type="checkbox"/> visitor, spectator	<input type="checkbox"/> cool-down	Signature of injured person:-
Witness Name:	<input type="checkbox"/> other _____		

CAUSE OF INJURY	NATURE OF INJURY/ILLNESS	BODY REGION INJURED <small>Tick or circle body part/s injured &amp; name</small>	INITIAL TREATMENT
<input type="checkbox"/> slip/trip	<input type="checkbox"/> abrasion/graze/scratch	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>FRONT</p> </div> <div style="text-align: center;"> <p>BACK</p> </div> </div>	<input type="checkbox"/> report only, none given (not required)
<input type="checkbox"/> defence drills – escapes, grabs	<input type="checkbox"/> open wound/laceration/cut		<input type="checkbox"/> basic wound care, band aid, dressing
<input type="checkbox"/> restraints – joint locks, holds	<input type="checkbox"/> fingernail/toenail injury		<input type="checkbox"/> RICER
<input type="checkbox"/> groundwork – wrestling, grappling	<input type="checkbox"/> bruise/contusion/swelling		<input type="checkbox"/> strapping/taping
<input type="checkbox"/> fall at level - breakfalls, rolls, trips, reaps	<input type="checkbox"/> strain/sprain/joint injury		<input type="checkbox"/> sling, splint, cervical collar
<input type="checkbox"/> fall from height - thrown hip/shoulder	<input type="checkbox"/> dislocation		<input type="checkbox"/> manual in-line spinal immobilisation
<input type="checkbox"/> struck by - punches, kicks, elbow, knees	<input type="checkbox"/> suspected break/fractured bone		<input type="checkbox"/> recovery/lateral position
<input type="checkbox"/> struck by - training weapons, sticks, canes	<input type="checkbox"/> heat stress, cramps, exhaustion, stroke		<input type="checkbox"/> oxygen therapy
<input type="checkbox"/> strangles, chokes, triangles	<input type="checkbox"/> concussion/loss of consciousness		<input type="checkbox"/> CPR / Defibrillation
<input type="checkbox"/> head strike - ground, person, weapon	<input type="checkbox"/> spinal injury, neck or back pain		Other:-
<input type="checkbox"/> pre-existing injury/medical condition	<input type="checkbox"/> respiratory issues, asthma		
<input type="checkbox"/> other:-	<input type="checkbox"/> heart/chest pain		

EXPLAIN EXACTLY HOW THE INCIDENT OCCURRED <small>Please attach additional information, investigation reports, photos, witness statements as required.</small>	REFERRAL	ADVICE GIVEN
	<input type="checkbox"/> no referral	<input type="checkbox"/> immediate return to activity
	<input type="checkbox"/> medical practitioner	<input type="checkbox"/> able to return with restriction
	<input type="checkbox"/> physiotherapist or chiropractor	<input type="checkbox"/> unable to return at present
	<input type="checkbox"/> ambulance transport	<input type="checkbox"/> the injured person told that if injury/ illness does NOT improve in the following 24 hours they MUST seek further advice from their own medical professional.
	<input type="checkbox"/> hospital	
	<input type="checkbox"/> other -	<input type="checkbox"/> referred for further assessment before returning to activity

**\*\*\* AJJA Inc advises all persons who have had a concussion or sudden loss of consciousness be reviewed by a Medical Practitioner \*\*\***