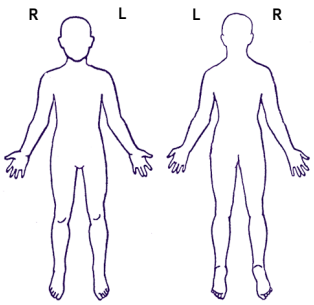
British Columbia Soccer Association
INJURY REPORT FORM

DATE
VENUE

PLAYER INFORMATION

PLAYERS NAME	SURNAME	GIVEN NAME	MIDDLE NAME OR INITIAL
ADDRESS			
CITY		POSTAL CODE	
HOME PHONE	( )		
PLAYER EMAIL	@		

INJURED BODY PART



SPECIFIC BODY PART

_____
_____
_____
_____
_____
_____

FOLLOW UP

☐ HOSPITAL
☐ FAMILY PHYSICIAN
☐ OTHER _____

FIRST AID TREATMENT

☐ ICE ☐ TAPE ☐ TENSOR
☐ SPLINT ☐ CRUTCHES
☐ OTHER _____

VITAL SIGNS N/A ☐

TIME	PULSE	B.P.	RESP. RATE	TEMP

TYPE OF INJURY

☐ CONCUSSION WITH LOSS OF CONSCIOUSNESS
☐ CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS
☐ FRACTURE
☐ DISLOCATION
☐ RUPTURE OF MUSCLE
☐ RUPTURE OF TENDON
☐ RUPTURE OF TENDON
☐ LIGAMENT RUPTURE WITH INSTABILITY
☐ LIGAMENT RUPTURE WITHOUT INSTABILITY
☐ LESION OF MENISCUS
☐ SPRAIN
☐ STRAIN
☐ CONTUSION
☐ TENDONITIS / BURSITIS
☐ DENTAL INJURY
☐ DEEP WOUND
☐ LACERATION /ABRASION
☐ OTHER _____

HISTORY / MECHANISM

HAS THE PLAYER HAD A PREVIOUS INJURY OF THE SAME LOCATION AND TYPE?

☐ NO
☐ YES _____ MONTHS AGO

WAS THE INJURY CAUSED BY OVERUSE OR TRAUMA?

☐ OVERUSE
☐ TRAUMA

WHEN DID THE INJURY OCCUR?

☐ TRAINING
☐ MATCH

FIELD CONDITIONS _____

WAS THE INJURY CAUSED BY CONTACT WITH ANOTHER PLAYER?

☐ YES
☐ NO

NOTES

TRAINER NAME
›
TEAM NAME
›
HEAD COACH NAME
›

RETURN TO ACTIVITY TIME-LINE / HOME INSTRUCTIONS
›