



Shitoryu Karatedo Queensland / Shitokai

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Injury Record Form

1. Athlete details

Athlete surname:	Given name(s):		
Membership number:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth: / / .	
Postal address (if changed since training commencement):			Post code:
Any known medical conditions:			

2. Injury occurred at

Ground/Location:	Time: am/pm	Event:	Date:
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3. Assessment

Danger Yes No Action _____

Response Yes No Action _____

Airway Yes No Action _____

Breathing Yes No Action _____

Compression Yes No Action _____

Defibrillation Yes No Action _____

Stop

Talk What happened, how happened, what was felt, where hurt, is there pain elsewhere, has the part been injured before

Observe appearance/nature, compare to other side, look for swelling, deformity, range of movement

Prevent further injury Severe injury, less severe injury, or minor injury

Assessment *continued*

Area(s) injured
Please circle injured area(s)

Hard tissue
 Soft tissue
 Dislocation/subluxation
 Skin injury
 Other Please specify:

4. Initial management

Continued to play? Yes No

Transport of tatami/field?
 Human crutch (1 person)
 2 handed seat
 3 handed seat
 4 handed seat
 Human crutch (2 person)
 Chair lift
 Stretcher
 Other Specify:

Initial management (E.g.. Immobilization, splint, RICER etc.):

5. Further management and referral

Instructions given to athlete: Referred to: Hospital
 Doctor
 Physiotherapist
 Other Specify:

How was the athlete transported to referred professional? _____

Was the injury preventable? Yes No

If yes, how?

Sports first aider signature: _____
 Date: / / .