



NSW BASKETBALL ASSOCIATION Injury Report Form



Venue injury occurred: _____ Competition/League: _____ Team Name: _____ Date of injury: _____

Name of injured: _____ Date of birth: _____ Registration No: _____ Gender: Male Female Grade: _____

Injured person was: Player Referee Coach Spectator Other: _____

Activity at time of injury: Domestic competition Rep competition Training Other: _____

Body part(s) injured (ie left elbow, face – above eye): _____

Type of injury:

- abrasion/graze
- sprain/strain
- open wound
- bruise
- inflammation/swelling
- fracture (include suspected)
- dislocation
- overuse injury
- cardiac problem
- respiratory problem
- concussion/lost consciousness
- Other: _____

Cause of injury:

- struck by other player
- struck by ball or object
- collision with fixed object
- fall/stumble
- slip/trip
- temperature related
- jumping to shoot/defend/rebound
- collision with other player/referee
- gradual onset, no cause identified
- other: _____

Explain exactly how the incident occurred: _____

Initial treatment:

- None required
- Ice/RICER
- dressing
- strapping/taping
- Referral elsewhere
- Other: _____

Treatment provided by: _____

Did injured person go to hospital?

- Yes
- No
- unknown

 ambulance car

Details of person completing this form:

Name: _____ Position: _____

Phone: _____ Signature: _____

Date: _____

WHAT TO DO with this form:

A: Take to the Court Supervisor immediately following the game.

B: Court Supervisor must:

1) Fax to BBNSW on **(02)87658588**

2) Keep a copy for their Association's Injury Record Book

3) For away games, a copy of the form must be forwarded to the HOME association of the injured person also.