

## **Dragon Boats NSW Inc.**

(Incorporated under the Associations Incorporation Act, 1984)  
(Registered Number: Y2086230)  
(ABN Number: 31 936 733 882)



### **INJURY REPORT**

#### **PERSONAL DETAILS**

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ATHLETES NAME \_\_\_\_\_ CLUB: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ( ) M ( ) F

#### **INJURY**

Team \_\_\_\_\_

Place \_\_\_\_\_

Time \_\_\_\_\_

##### History of Injury

Body Part Injured \_\_\_\_\_ ( ) L ( ) R

Mechanism \_\_\_\_\_

##### History of Individual

New / re-injury \_\_\_\_\_

Date of Previous Injury \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Observations \_\_\_\_\_

\_\_\_\_\_

Impressions & Comments \_\_\_\_\_

\_\_\_\_\_

**CARE RENDERED** \_\_\_\_\_

\_\_\_\_\_

Is there any evidence to suggest that there is potential for a negligence claim on any party

YES ( ) NO ( )

Referred to: \_\_\_\_\_

Please use separate sheet if more details are required.

Signature of person attending injured \_\_\_\_\_

Print name and Qualification \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please send a copy of the injury form completed with any additional documentation to PO Box 3162  
Nth Strathfield NSW 2137 OR fax: 02 9746 3214 OR email: [dragonboatsnw@bigpond.com](mailto:dragonboatsnw@bigpond.com)