Medical Incident Report
Serious Injury

Tournament:	
Dates:	
Venue:	
Medical Officer:	

Team:				
Name of injured player:			Shirt number:	
Gender:	Male		Female	
Date of incident:				
Location of incident (eg pitch, stadium, hotel):				

Description of incident: describe circumstances of incident and mechanism of injury if known
Diagnosis:

If the player was hospitalised, complete the following section	
Name and address of hospital:	
Reason for hospitalization:	
Names of attending doctors, surgeons etc:	
Admission diagnosis:	

Significant X-ray, CT, MRI, ultra-sound findings:	
Provisional diagnosis:	
Date and type of surgery/ procedure:	
Brief summary of hospital stay	
Date of discharge:	

Complete the following section in relation to follow-up plans	
Which doctor:	
Where:	
Disposition needs (eg wheelchair, braces, cast, splints, walking cane, crutches):	
Rehabilitation/therapy needs:	
Medication recommended:	

Any further comments

Signed:	
Date:	

Please retain the completed form for your own records.