



Event: _____

Date: _____

Venue/Sport: _____

Sports Trainer: _____

Time	Participant Name	Gender M Or F	Body part managed (eg: R knee, face)	Injury Key Code (see box at right)	Management eg: ice, wound dressing, referral	Injury type	Injury Key
						Hard tissue injury	HT
						Soft tissue	ST
						Skin Injury / bleeding	WO
						Burn	BU
						Concussion /altered consciousness	HI
						Bruise / Contusions	CO
						Hyperthermia / hypothermia	EN
						Cardio Vascular condition	CV
						Respiratory condition	RC
						Spine Injury	SI
						Preventative Taping	P
						Other – Please Specify	O