SPORT INJURY REPORT FORM

KAWARTHA CYCLING CLUB

This form should be completed at the time of an accident, injury or other incident.

SUBMIT COMPLETED FORM TO:
KAWARTHA CYCLING CLUB
Email: admin@kawarthacyclingclub.com

SECTION A: PERSON INJURED ○ CYCLIST ○ SPECTATOR ○ COACH ○ VOLUNTEER

First Name: _____ Last Name: _____ Contact#: _____

Address: _____ City/Prov. _____ Postal Code: _____ **YEAR OF BIRTH:** _____

Date of Injury:

Club or Event Name:

Time of Injury:

Location of Incident:

Activity: ☐ Cyclo Cross ☐ Cross Country ☐ Downhill Racing ☐ Road ☐ Track ☐ BMX Other _____

ENVIRONMENT: **LIGHT CONDITIONS:** ☐ Dawn ☐ Dusk ☐ Lit Dark Road ☐ Daylight ☐ Unlit Dark Road

SURFACE: ☐ Paved ☐ Unpaved ☐ Dirt ☐ Wood If other, please specify _____

WEATHER CONDITIONS: ☐ Dry ☐ Snow/Slush ☐ Icy ☐ Wet ☐ Muddy If other, please specify _____

FORM COMPLETED BY: _____ **CONTACT #:** _____

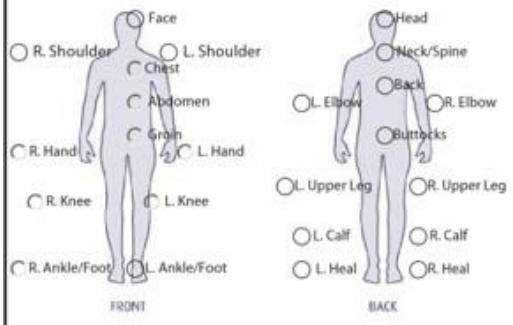
WITNESS NAME : _____ **WITNESS PHONE NUMBER:** _____

PLEASE COMPLETE SECTION "A" ABOVE IN FULL AND AS MUCH OF SECTION "B" BELOW AS POSSIBLE

SECTION B: DETAILS OF INJURY

YEARS OF EXPERIENCE: ☐ 1 ☐ 2 - 3 ☐ 4 - 9 ☐ 10+ **TYPE OF ACTIVITY:** ☐ Training ☐ Practice ☐ Competition ☐ Recreation

BODY PART(S) INJURED: Please fill in circles located over the injury site(s).



If other, pls.specify _____

INJURY CLASSIFICATION: ☐ New Injury ☐ Acute Injury ☐ Overuse ☐ Recurrence of previous injury ☐ Complication of Prior Injury ☐ Recurrent Injury Non-Sport ☐ Previous injury this year ☐ Other

NATURE OF INJURY: ☐ Sprain/Strain ☐ Fracture ☐ Dislocation ☐ Contusion ☐ Skin Injury ☐ Laceration ☐ Head Injury

All loss of consciousness or fainting requires IMMEDIATE medical follow-up

SUBJECT INVOLVED: ☐ Male ☐ Female

Height (cm): _____ Weight (kg): _____

CAUSE OF INJURY (Collision): ☐ Fixed Object (i.e. tree) ☐ Other Cyclist ☐ Moving Vehicle ☐ Parked Vehicle ☐ Pedestrian/Spectator ☐ Other

CAUSE OF INJURY (Non-collision): ☐ Bike Malfunction ☐ Washout ☐ Loss of Control ☐ Terrain (Roots/Rocks) ☐ Ran off Road/Trail ☐ Fell Over

INJURRED PERSON'S ACTION PRE-INJURY: ☐ Entering Traffic ☐ Making Right Turn ☐ Making Left Turn ☐ Going Straight ☐ Starting in Traffic ☐ Changing Lanes ☐ Avoiding Object ☐ Merging/ Overtaking/ Passing ☐ Jumping ☐ Other

INITIAL TREATMENT: ☐ RICE (Rest, Immobilize, Cold, Elevate) ☐ Dressing ☐ Wrapping/ Taping ☐ Manual Therapy ☐ Sling/Splint ☐ CPR ☐ Stretch/ Exercises ☐ None Given - Referred Elsewhere ☐ Other

CARE: ☐ EMS Care On-site ☐ Hospital Care ☐ Family Physician ☐ On-site Only ☐ Refused Care ☐ Self Transport to Hospital

FOLLOW UP:

Signature: _____ **Current Date:** _____

Please complete all sections of the form. Incomplete forms may not be accepted.