

1) Name of attending doctor (in CAPS please) _____ First name _____
 Address _____

2) Name of Victim _____ First name _____
 Address _____

3) Date of accident _____

4) Date and time of first medical examination _____ h _____

TYPE OF INJURY **PART(S) OF THE BODY**

In the case of a number of injuries, you may use numbers to indicate injuries and parts of the body.

<input type="radio"/> Pulled muscle <input type="radio"/> Pulled tendon <input type="radio"/> Torn muscle (rupture) <input type="radio"/> Torn tendon (rupture) <input type="radio"/> Contusion <input type="radio"/> Sprain ([dis]torsion) <input type="radio"/> Fracture <input type="radio"/> Dislocation (luxation) <input type="radio"/> Burn <input type="radio"/> Graze <input type="radio"/> Cut <input type="radio"/> Concussion without syncope <input type="radio"/> Concussion with syncope <input type="radio"/> Injury to the teeth <input type="radio"/> Other/additional _____ _____ _____	<p>Head and face</p> <input type="radio"/> Head <input type="radio"/> Face <input type="radio"/> Eyes L/R <input type="radio"/> Ears L/R <input type="radio"/> Nose <input type="radio"/> Mouth <p>Neck and trunk</p> <input type="radio"/> Throat/neck L/R <input type="radio"/> Chest/stomach L/R <input type="radio"/> Back L/R <input type="radio"/> Genitals L/R <p>Upper limbs</p> <input type="radio"/> Shoulder L/R <input type="radio"/> Upper arm L/R <input type="radio"/> Elbow L/R <input type="radio"/> Lower arm L/R <input type="radio"/> Wrist L/R <input type="radio"/> Hand L/R <input type="radio"/> Fingers L/R	<p>Lower limbs</p> <input type="radio"/> Hip L/R <input type="radio"/> Groin L/R <input type="radio"/> Upper leg L/R <input type="radio"/> Knee L/R <input type="radio"/> Lower leg L/R <input type="radio"/> Ankle L/R <input type="radio"/> Heel L/R <input type="radio"/> Foot L/R <input type="radio"/> Toes L/R <p>Others/more</p> _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
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QUESTIONS

1) In your opinion, are the injuries declared above the result of the reported accident? Yes No

2) Has the casualty suffered from the same complaint/injury in the past?
 No Yes. The casualty had not yet fully recovered. (relapse) Yes. The casualty had fully recovered. (recurrence)

3) Was surgery necessary? Yes No

4) Anticipated length of treatment?
 None 1 to 14 days 15 to 30 days 1 to 2 months More than 2 months

5) Do you anticipate a complete recovery? Yes No Unclear

6) When do you expect the casualty to be able to recommence sporting activity in full?
 Immediately 1 to 14 days 15 days to 2 months More than 2 months Unclear

Drawn up at _____ on _____

Signature _____