

# CONCUSSION REPORT FORM

Please fill out the below form and email to [concussion@hockey.org.au](mailto:concussion@hockey.org.au) as well as your relevant state hockey association.

## DETAILS OF INJURED PERSON/INCIDENT

Name:

Club/Team:

Age:  Adult  Under 18

Date of incident:

Location/Venue of incident:

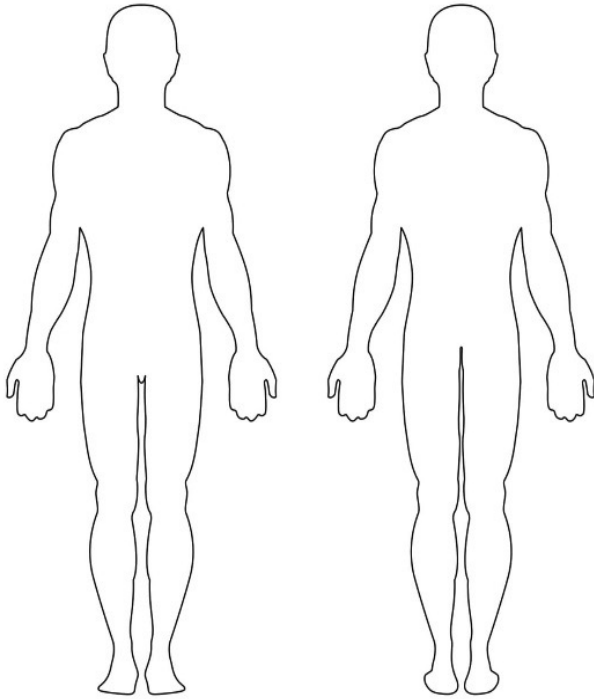
Activity at time of incident:

- Match  
 Training

Cause of incident:

- Ball  
 Stick  
 Body/collision

Location of injury (please mark on body map):



Details of injury/incident:

Action taken:

- None  
 Removed from field  
 Refused to leave field  
 Assessed by onsite medical

Referral:

- None  
 Medical practitioner  
 Emergency room/department  
 Ambulance

## DETAILS OF PERSON COMPLETING THE FORM

Name:

Club/team:

Position/role:

Date (form completed):

## MEMBER ASSOCIATION/HOCKEY AUSTRALIA USE

Date recorded:

Medical clearance required:  NO  YES

Clearance advice/form received:  N/A  NO  YES