

# 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:

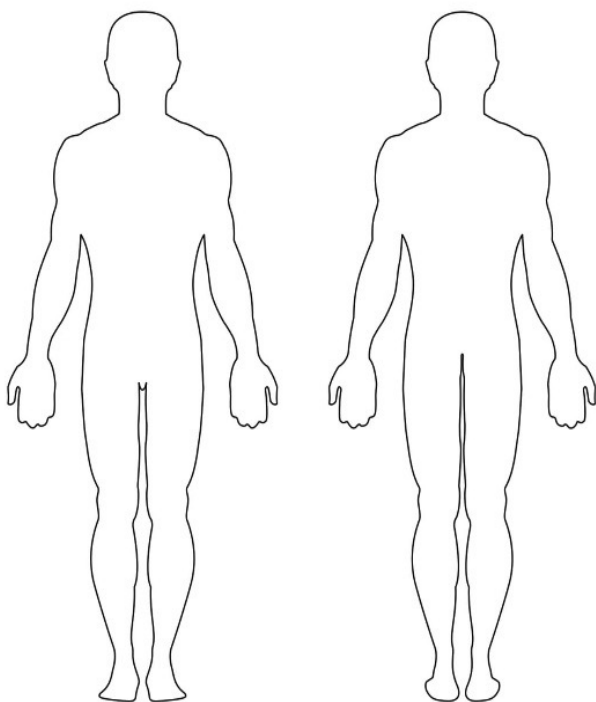
Activity at time of incident:

- ☐ 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