

## Report of Injury or Illness

### Identification:

Date of report: \_\_\_/\_\_\_/\_\_\_

Date of onset: \_\_\_/\_\_\_/\_\_\_

### For Injury

#### Operational or Training

Operational

Training

Peri activities

(e.g. Operation preparation; Training session warm-up or cool-down)

Please specify event:

#### Mode of Set

Sudden after acute trauma

Sudden but no acute trauma

Gradual

Mixed

#### Injury mechanism

(each category might have subcategories based on the purpose of the surveillance)

no identifiable single event

direct contact with another person

direct contact with an object

non-contact trauma

following contact with another athlete

following contact with an object

#### Injured body region

(each category might have subcategories based on the purpose of the surveillance)

head

shoulder

hip / groin

neck / cervical spine

upper arm

thigh

chest (incl. chest organs)

elbow

knee

thoracic spine / upper back

forearm

lower leg / Achilles tendon

lumbar-sacral spine / buttock

wrist

ankle

abdomen (incl. abdominal organs)

hand

foot

#### Injury type

concussion / brain injury

joint sprain / ligament tear

contusion / bruise (superficial)

spinal cord injury

chronic instability

arthritis

peripheral nerve injury

tendon rupture

bursitis

bone fracture

tendinopathy

synovitis

bone stress injury

muscle strain / rupture / tear

vascular damage

bone contusion

muscle contusion

stump injury

avascular necrosis

muscle compartment syndrome

internal organ trauma

physis injury

laceration

unknown, or not specified

cartilage injury

abrasion

### For Illness

#### Organ system

cardiovascular

genitourinary

otological

dermatological

hematologic

psychiatric / psychological

dental

musculoskeletal

respiratory system

endocrinology

neurological

thermoregulatory system

gastrointestinal

ophthalmological

unknown, or not specified

#### Aetiology

allergic

infectious disease

degenerative or chronic condition

environmental - exercise-related

neoplasm

developmental anomaly

environmental - non-exercise

metabolic / nutritional

drug-related / poisoning

immunological / inflammatory

vascular

unknown, or not specified

### For injury and illness

#### New, recurrent or exacerbation

new

recurrent after full recovery and return-to-duty/training

unknown, or not specified

exacerbation of a stable (not recovered) condition

#### Time-loss

(in duty due to injury / illness)

No

yes

**Prediction of full return to normal training and duty:** \_\_\_/\_\_\_/\_\_\_ (Please note that this date is merely indicative and aims to help manage the injured person's expectations, considering the average recovery times for similar injuries. However, the recovery period varies significantly from person to person, and therefore, the date provided here should not be considered definitive.)

**No return to sport possible:**

permanent disability

other reasons: \_\_\_\_\_

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Indications and contraindications for Rehab Trainer/ Exercise Physiologist/ Strength and Conditioning Specialist:

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**This report format is adapted from:** Bahr R, Clarsen B, Derman W, Dvorak J, Emery CA, Finch CF, et al. International Olympic Committee Consensus Statement: Methods for Recording and Reporting of Epidemiological Data on Injury and Illness in Sports 2020. *Orthop J Sport Med.* 2020;8(2):1–33.

## Report of Injury or Illness

### Consent to Share Personal Data for Rehabilitation Purposes

I, \_\_\_\_\_<sup>1</sup>, hereby give my consent for the information contained in this medical injury or illness report to be shared with my designated rehabilitation trainer/exercise physiologist/strength and conditioning specialist. I understand that the purpose of sharing this information is solely for facilitating and optimizing my rehabilitation and recovery process.

I acknowledge that my personal data will be handled with the utmost confidentiality and will be used exclusively for the development and implementation of my rehabilitation plan. This consent allows for the exchange of information between my healthcare provider and the rehabilitation trainer/exercise physiologist/strength and conditioning specialist as necessary for my treatment.

I understand that I have the right to revoke this consent at any time by providing written notice to my healthcare provider. Revoking my consent will not affect any information shared prior to the receipt of my written notice.

By signing below, I confirm that I have read and understood the terms of this consent form and agree to the sharing of my personal data for the specified purpose.

**Patient's Name<sup>1</sup>:** \_\_\_\_\_

**Patient's Signature<sup>1</sup>:** \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_\_\_

**Witness Name<sup>2</sup>:** \_\_\_\_\_

**Witness Signature<sup>2</sup>:** \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_\_\_

<sup>1</sup>Name and signature, respectively, of the person who is injured.

<sup>2</sup>Name and signature, respectively, of the person who acts as a witness to this consent.

This could be a companion of the injured person, the kinesiologist, the physician, etc.

**Note:**

After filling out this form, the different institutions or professionals may ask for a copy to archive it in the injured person's file.

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