



INCIDENT REPORT FORM

Australian Cricket Community Concussion and Head Impact Guidelines

Australian Cricket recommends a conservative approach to suspected concussion after a head impact or collision. This report form should be completed as soon as practical following an incident.

Participant Name		Date of Birth	
Club Name		Date of Injury	

Location/Venue of Incident	
Activity	<input type="checkbox"/> Training <input type="checkbox"/> Match <input type="checkbox"/> Other:
Cause of Impact	<input type="checkbox"/> Ball Strike <input type="checkbox"/> Body/Collision <input type="checkbox"/> Bat <input type="checkbox"/> Other:

Details of Injury/Incident	

RED FLAG SYMPTOMS PRESENT?

<input type="checkbox"/> Neck pain or tenderness	<input type="checkbox"/> Drowsy
<input type="checkbox"/> Seizure, 'fits', or convulsion	<input type="checkbox"/> Weakness or numbness/tingling in the arms or legs
<input type="checkbox"/> Loss of vision or double vision	<input type="checkbox"/> Repeated vomiting
<input type="checkbox"/> Loss of consciousness	<input type="checkbox"/> Severe or increasing headache
<input type="checkbox"/> Confusion or deteriorating conscious state	<input type="checkbox"/> Increasingly restless, agitated or combative
	<input type="checkbox"/> Visible deformity of the skull

IF YES, CALL 000

SUSPECTED CONCUSSION SIGNS

<input type="checkbox"/> Pale	<input type="checkbox"/> Sensitivity to light/noise
<input type="checkbox"/> Nausea	<input type="checkbox"/> Dazed, blank/vacant stare
<input type="checkbox"/> Difficulty concentrating	<input type="checkbox"/> Confusion, disorientation
<input type="checkbox"/> Headache or 'pressure in the head'	<input type="checkbox"/> Behaviour or emotional changes, not themselves
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Memory impairment
<input type="checkbox"/> Feeling slowed or 'not right'	<input type="checkbox"/> Other: _____

IF YES, REFER FOR MEDICAL ASSESSMENT

Assessment administered (If applicable)
If there is doctor or other medically trained person available, assess using:
<input type="checkbox"/> 12+ Years: <u>SCAT6</u>
<input type="checkbox"/> 8-12 Years: <u>Child SCAT6</u>
If there is no doctor or medically trained person available, assess using:
<input type="checkbox"/> <u>CRT6</u>
Assessment completed by

Referral required
<input type="checkbox"/> None, Signs/Symptoms of concussion not present
<input type="checkbox"/> Medical Practitioner
<input type="checkbox"/> Emergency Department
<input type="checkbox"/> Ambulance

Visit Play.Cricket.com.au to view the:

- Concussion Guidelines
- On-Field Concussion Management
- Medical Referral Form
- Medical Clearance Form

Form completed by		Club	
Position/Role		Date	

If in doubt, sit them out