

Judo Injury Reporting Form



NEWFOUNDLAND & LABRADOR
JUDO ASSOCIATION

Name: _____
Address: _____
Phone: _____

Club: _____
Rank: _____
Years in judo: _____

Age: _____

Male: Female:

Previous injuries: _____

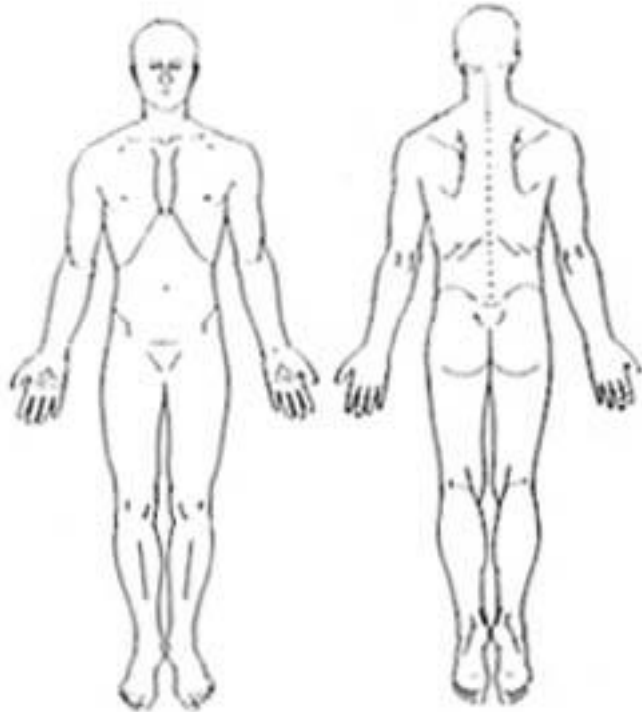
History/How did the injury occur:

What technique was used: _____

Where did the injury occur? Practice
Competition
 National
 Provincial
 Atlantics
 Interclub
 Intercity
 Club
Off the mat

What was done?
On mat assessment
Emergency
Family physician
Physiotherapist

Location:



Diagnosis: _____
Xrays: _____

Treatment: _____

Rehabilitation: _____

Advise: _____

Precautions: _____

