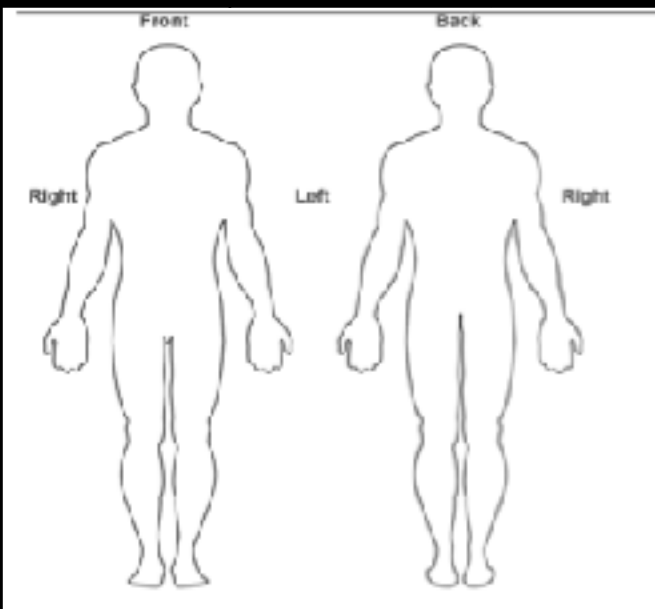


FIRST AID TREATMENT FORM

FIRST AID CARER:			SIGNATURE:		
PATIENT INFORMATION					
PATIENT NAME			DATE		
ADDRESS					
D.O.B			GENDER	MALE	FEMALE
AGE	YEARS				
CLUB			EMAIL		
			<i>Contact email address - Athlete or Parent/Guardian or Coach</i>		
INCIDENT					
DESCRIPTION HOW THIS OCCURRED					
LOCATION CITY			EVENT NAME		
HOST of EVENT	COURT NUMBER		MATCH NUMBER		
COACH NOTES					
MEDICAL HISTORY INCLUDE ALL - NOT JUST TAEKWONDO					
PREVIOUS INJURIES					
CURRENT MEDICATIONS					
TREATMENT OF PATIENT					
EYE-NECK-GROIN INJ	YES / NO	IF YES, DESCRIBE			
BONE-MUSCLE INJ	YES / NO	IF YES, DESCRIBE			
BLEEDING	YES / NO	IF YES, DESCRIBE			
CONCUSSION	YES / NO	ANY SIGNS OF CONCUSSION => SCAT5 MUST BE FILLED IN IMMEDIATELY			
OTHER	YES / NO	IF YES, DESCRIBE			
CIRCLE AFFECTED ZONES OF BODY				FIRST AID TREATMENT PROVIDED TO PATIENT	

USE BY TAEKWONDO NEW ZEALAND ONLY

A COPY OF THIS FORM MUST BE SENT TO TAEKWONDO NEW ZEALAND BY THE EVENT TECHNICAL DIRECTOR		
REVIEWED BY TNZ MEDICAL OFFICE	YES / NO	ACTION
IN CASE OF CONCUSSION: (INCLUDE SCAT5 AS ATTACHMENT TO THIS FORM WHEN SUBMISSION IS MADE)		
CLUB COACH / INSTRUCTOR CONTACTED BY TNZ	YES / NO	ACTION
PLAYER CONTACTED (U18 - GUARDIANS) BY TNZ	YES / NO	ACTION