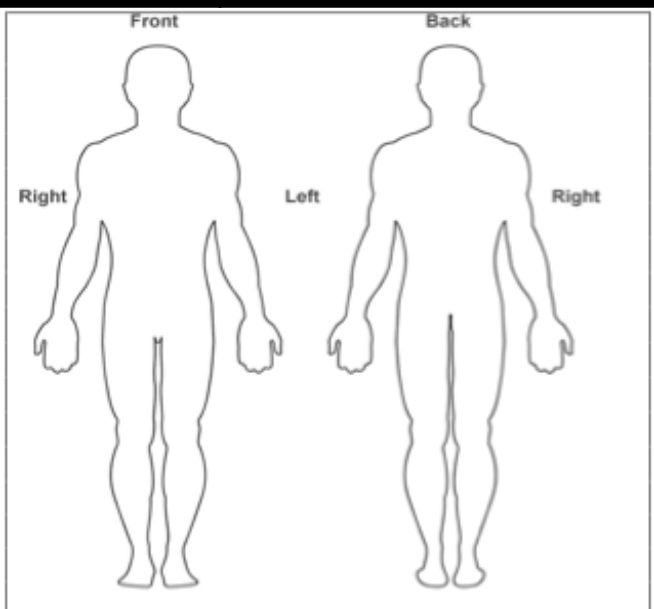


FIRST AID TREATMENT FORM

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