



## ATHLETIC INJURY REPORT

NAME OF EVENT \_\_\_\_\_ DATE/TIME OF INJURY \_\_\_\_\_

ATHLETE NAME \_\_\_\_\_ PARENTS NAME/NOTIFICATION TIME & DATE \_\_\_\_\_

GENDER \_\_\_\_\_ AGE \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_

### BODY PART

### NATURE OF INJURY

### INITIAL TREATMENT/REFERAL

___ FOOT	___ THORAX	___ ABRASION	___ ICE
___ ANKLE	___ SHOULDER	___ LACERATION	___ PHYSICIAN
___ LOWER LEG	___ ELBOW	___ STRAIN	___ EMERGENCY ROOM
___ KNEE	___ WRIST	___ SPRAIN	___ AMBULANCE
___ THIGH	___ HAND	___ CONTUSION	___ EMERGENCY CARE
___ HIP	___ HEAD/SKULL	___ FRACTURE	___ PARENTS
___ GROIN	___ FACE	___ DISLOCATION	___ CRUTCHES/BRACE
___ NECK	___ SPINE	___ OTHER _____	___ OTHER _____
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### HISTORY:

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### PHYSICAL FINDINGS:

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INJURY IMPRESSION: \_\_\_\_\_

COURSE OF ACTION: \_\_\_\_\_

### ADDITIONAL NOTES:

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ATHLETIC TRAINER/PHYSICIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_