ATHLETIC INJURY REPORT

ATHLETE INFORMATION

Name: ____________________________ Date: ___/___/____ Date of Injury: ___/___/____
Grade: 9 10 11 12 Sport: ____________________________ Coach: ____________________________

INJURY EVALUATION

Body Part Injured: ______________________ O Left O Right
Bilateral: ________________________________ Mechanism of Injury: ______________________________
Injury Occurred During:
  O Home Game O Practice O Away Game O PE O Other

SEVERITY OF INJURY:

1 Mild
2
3 Moderate
4
5 Severe

NATURE OF INJURY:

O Acute O Chronic O Overuse O Preventable
_Sprain _Dislocation _Contusion _Laceration
_Strain _Subluxation _Fracture _Abrasion
_Tendinitis _Concussion _Internal Injury _Avulsion
_Other ________________________________

TREATMENT

Initial Treatment: Plan:

O Ice O Rehab Program
O Crutches O Refer to ER _____________
O Compression O Refer to MD _____________
O Elevation O Wound Care
O Splint O Tape
O Stretching O Other: ____________________________

Athletic Trainer’s Signature

Original - Trainer 2nd Copy - Coach 3rd Copy - Athlete/Parent

FEB, 2013 9-FW30035