

ATHLETIC INJURY REPORT

ATHLETE INFORMATION

NAME: _____ DATE: __/__/__ DATE OF INJURY: __/__/__

GRADE: 9 10 11 12 SPORT: _____ COACH: _____

INJURY EVALUATION

BODY PART INJURED: _____ LEFT RIGHT

BILATERAL: _____ MECHANISM OF INJURY: _____

INJURY OCCURRED DURING:

HOME GAME PRACTICE AWAY GAME PE OTHER

SEVERITY OF INJURY:

1 MILD
2 _____
3 MODERATE
4 _____
5 SEVERE

NATURE OF INJURY:

ACUTE CHRONIC OVERUSE PREVENTABLE

<input type="checkbox"/> SPRAIN	<input type="checkbox"/> DISLOCATION	<input type="checkbox"/> CONTUSION	<input type="checkbox"/> LACERATION
<input type="checkbox"/> STRAIN	<input type="checkbox"/> SUBLUXATION	<input type="checkbox"/> FRACTURE	<input type="checkbox"/> ABRASION
<input type="checkbox"/> TENDINITIS	<input type="checkbox"/> CONCUSSION	<input type="checkbox"/> INTERNAL INJURY	<input type="checkbox"/> AVULSION
<input type="checkbox"/> OTHER _____			

TREATMENT

INITIAL TREATMENT:

- ICE
- CRUTCHES
- COMPRESSION
- ELEVATION
- WOUND CARE
- SPLINT
- TAPE
- STRETCHING
- OTHER: _____

PLAN:

- REHAB PROGRAM
- REFER TO ER _____
- REFER TO MD _____

ATHLETIC TRAINER'S SIGNATURE