



## Injury Report

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Team/ Field: \_\_\_\_\_ Sport: \_\_\_\_\_ Gender: \_\_\_\_\_

Involved Body Part: R L B: \_\_\_\_\_

### **Subjective**

Date and Time of Injury: \_\_\_\_\_ Acute/Chronic

MOI: \_\_\_\_\_

\_\_\_\_\_

Signs and Symptoms: \_\_\_\_\_

\_\_\_\_\_

Prior Hx: \_\_\_\_\_

### **Objective:**

Palpation: \_\_\_\_\_

ROM/MMT: \_\_\_\_\_

\_\_\_\_\_

Special Tests: \_\_\_\_\_

\_\_\_\_\_

### **Assessment:**

\_\_\_\_\_

**Plan/Treatment:**      Continued Play    Removed from Play    Family Doctor    Emergency Room

\_\_\_\_\_

Athletic Trainer: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Coach/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Coach/Guardian Phone #: \_\_\_\_\_ Email: \_\_\_\_\_