Injury Report/DR.Note

NAME _____

DATE OF INJURY _____

SPORT _____

BODY AREA

☐ Upper Extremity ☐ Lower Extremity ☐ Torso
☐ Neck ☐ Head
☐ General Medical ☐ Genitals

BODY PART _____

INJURY _____

MECHANISM _____

ONSET ☐ Acute ☐ Chronic ☐ Acute-Re-injury ☐ Chronic-Re-injury

POSITION _____

PROTECTIVE EQUIPMENT

☐ No ☐ Yes _____

ACTION ☐ Treated by Staff/Referred ☐ X-RAY ☐ MRI

SIDE ☐ Right ☐ Left ☐ Bilateral ☐ N/A

ACTIVITY ☐ Practice ☐ Conditioning ☐ Game ☐ Non-Sports Related

SEASON ☐ Pre-Season ☐ In – Season ☐ Out of Season

ENVIRONMENT ☐ Indoor ☐ Sunny ☐ Rainy

SURFACE ☐ Asphalt ☐ Grass ☐ Dirt/Clay ☐ Cement ☐ Wood Floor

STATUS ☐ Full Go ☐ Light Participation ☐ As Tolerance ☐ No-Contact ☐ Alt Exercises ☐ **NO PARTICIPATION**

NOTES

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_____ _____

DATE **DOCTOR SIGNATURE**