

# Athletic Injury and Accident Report

Athlete's name: \_\_\_\_\_ Today's date: \_\_\_\_\_  
Injury date: \_\_\_\_\_ Body part injured: ☐ L ☐ R \_\_\_\_\_ Sport: \_\_\_\_\_  
Was the injury due to athletic participation? ☐ yes ☐ no ☐ other: \_\_\_\_\_

## Subjective Information

Mechanism of injury: \_\_\_\_\_  
Chief complaint: \_\_\_\_\_  
Type of pain: \_\_\_\_\_  
Other: \_\_\_\_\_

## Objective Information

Inspection (observation): \_\_\_\_\_  
Palpation: \_\_\_\_\_  
Range-of-motion and strength testing: \_\_\_\_\_  
Neurological findings: \_\_\_\_\_  
Special stress tests: \_\_\_\_\_  
Functional testing: \_\_\_\_\_

## Assessment Information

Results of assessment: \_\_\_\_\_  
List of problems: \_\_\_\_\_

## Plan of Action

Initial treatment: \_\_\_\_\_  
The athlete will be: ☐ referred to a physician ☐ referred to school nurse ☐ treated by a certified athletic trainer  
Treatment will be: \_\_\_\_\_ days a week for \_\_\_\_\_ week(s)  
Treatment will consist of: \_\_\_\_\_  
Parents contacted: ☐ yes ☐ no  
If yes, give date: \_\_\_\_\_. If no, give reason: \_\_\_\_\_  
Signature of certified athletic trainer: \_\_\_\_\_  
Attach all progress notes to this sheet.