Idaho High Schools Activities Association
INJURY REPORT FORM

ATHLETE NAME: __________________________ Date: ________ Time: ________ am/pm

PARENT NAME: __________________________ PARENT PHONE: ______________________

SCHOOL: _______________ GRADE: _________ EVENT: ____________________________

GENDER: M F INJURY: ________________________________

BODY PART INJURED:

☐ HEAD ☐ SHOULDER ☐ CHEST ☐ PELVIS ☐ TIBIA
☐ SCALP ☐ UPPER ARM ☐ STERNUM ☐ HIP ☐ FIBULA
☐ FACE ☐ ELBOW ☐ RIBS ☐ HIP FLEXOR ☐ CALF
☐ NOSE ☐ FOREARM ☐ BACK ☐ GLUTEAL ☐ ACHILLES
☐ EYE ☐ WRIST ☐ LUMBAR ☐ FEMUR ☐ ANKLE
☐ EAR ☐ HAND ☐ ABDOMEN ☐ QUADRICEP ☐ FOOT
☐ JAW ☐ FINGER #_____ ☐ GENTALIA ☐ HAMSTRING ☐ ARCH
☐ MOUTH ☐ THUMB ☐ GROIN ☐ HEEL
☐ TOOTH ☐ BACK ☐ KNEE ☐ BIG TOE
☐ NECK ☐ ACHILLES TENDON ☐ PATELLA ☐ TOE #____
☐ OTHER ________________________________

AREA AFFECTED:

☐ LEFT ☐ RIGHT
☐ MEDIAL ☐ LATERAL
☐ ANTERIOR ☐ POSTERIOR
☐ N / A

OBSERVATION:

☐ BLEEDING ☐ ECCHYMOSIS ☐ PALE ☐ RED
☐ DEFORMITY ☐ EFFUSION ☐ PT TENDER ☐ SWEATING
☐ DIZZINESS ☐ NAUSEA ☐ PUPIL CONSTRICION ☐ UNCONSCIOUS
☐ DRY ☐ NUMBNESS ☐ PUPIL DILATATION ☐ VOMITING
☐ OTHER ________________________________

ENVIRONMENTAL ILLNESS:

☐ HEAT CRAMPS ☐ HEAT SYNCOPE ☐ HEAT EXHAUSTION ☐ HEAT STROKE

SEVERITY OF INJURY:

☐ MILD ☐ MODERATE ☐ SEVERE ☐ N / A
**RANGE OF MOTION:**
"M" = limited motion; "P" = painful motion; and "S" = limited strength.

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**ATHLETIC TRAINER EVALUATION**

**SUBJECTIVE**

**OBJECTIVE**

**ASSESSMENT**

**TREATMENT / PLAN**

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**Athlete Signature**

Certified Athletic Trainer's Signature