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 CONSTRICTION	☐ UNCONSCIOUS
☐ DRY	☐ NUMBNESS	☐ PUPIL DILATION	☐ 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.

☐ ABDUCTION	M P S	☐ ADDUCTION	M P S	☐ HORIZONTAL ABD	M P S
☐ EXTENSION	M P S	☐ FLEXION	M P S	☐ HORIZONTAL ADD	M P S
☐ PRONATION	M P S	☐ SUPINATION	M P S	☐ EXTERNAL ROT	M P S
☐ PLANTARFLEX	M P S	☐ DORSIFLEX	M P S	☐ INTERNAL ROT	M P S

ATHLETIC TRAINER EVALUATION

SUBJECTIVE

HR: _____

BP: _____

RESP: _____

Tº: _____

OBJECTIVE

ASSESSMENT

TREATMENT / PLAN

Athlete Signature

Certified Athletic Trainer's Signature