PRESIDENTS' ATHLETIC CONFERENCE
Visiting Athletic Injury Assessment

Date_____ Time _____

Athlete's Name_____ Sport_____

_____ Illness (description)_____

_____ Injury

Mechanism of Injury_____

Injured Body Part_____

Injury Assessment:

History & Inspection_____
_____
_____
_____
_____
_____
Palpation (Bony & Soft Tissue)_____
_____
_____
_____
ROM & Strength Tests_____
_____
_____
_____
_____
Circulatory & Neurological Involvement_____
_____
_____
Special Tests_____
_____
_____
Determination_____
_____
Initial Care Given_____
_____
Recommendations_____
_____

Physician Referral ( ) Yes ( ) No Name_____ Telephone_____
Emergency Room ( ) Yes ( ) No Hospital_____ X-Ray_____

Host Athletic Trainer_____