



Athlete Injury/Illness Report



Please fill out forms completely. If you have any questions or concerns please contact

Josie Harding-602-300-4917 or Casey Erickson-520-235-0067

Name: _____ Date of Birth: _____ Sex: _____ Date: _____

School/Club/Event: _____ Team: _____

Date of Injury: _____ Onset: Acute Chronic

Occasion: Game/Event Practice Prior to Event

Body Part: _____ Side: Left Right N/A

Mechanism: _____

Allergies or Other Special Concerns: _____

Incident Report:

Subjective: _____

Objective: _____

Assessment: _____

Plan: _____

Cleared for Practice/Competition: YES NO Referral: _____

Parent/Guardian Names: _____

Phone & Email: _____

Where live (AZ/Gilbert): _____ Insurance Company: _____

Parent/Guardian Contact (circle all that apply): Phone Spoke in Person Spoke on Phone Emailed

Certified Athletic Trainer Signature: _____

Certified Athletic Trainer Name: _____

(Print Name)

License Number)

