	Messiah Athletic Training Injury, Illness, Medical Record	
Athlete's Name		Today's Date
last	first	MI
Date of injury Time Place Place		
Team Activity while injur		
Body Part (R) (L)		
HICEODY		
HISTORY:		
Previous History		
Etiology (course)		
Etiology (cause) Primary complaint/symptoms		
Frimary complaint/symptoms		
OBSERVATION/INSPECTION:		
OBSERVATION AND DETION.		
PALPATION:		
RANGE OF MOTION:		
(passive)		
(Passive)		
(active)		
(		
NEUROLOGICAL TEST		
STRESS TESTS:		
muscle/tendon (grade)		
musele/ tendon (grade)		
joint		
joint		
SPECIAL TESTS:		
512611212516		
FUNCTIONAL TESTS:		
Initial injury/illness assessment:		
Final injury/illness assessment:		
Physician's report/diagnosis:		
COMMENTS:		
Discontinuation Date/ATC Clearance		
	Date	ATC Signature

EMERGENCY INJURY/ILLNESS CARE		
PRIMARY SURVEY (ABC's)		
Level of consciousness		
VITAL SIGNS		
☐ Skin color		
☐ Respiration		
☐ Circulation (bleeding)		
☐ Pulse		
☐ Blood Pressure		
☐ Temperature		
□ Shock		
NEUROLOGICAL STATUS (sensation, motor, reflex)		
IMMEDIATE/EMERGENCY CARE PROVIDED:		
SECONDARY SURVEY (assessment) SEE PAGE ONE		
ATHLETIC TRAINER GIVING TREATMENT (signature)		
COMMENTS (athlete's status/disposition at time of injury)		
SOAP/Progress Notes & Goals: Date Remarks		