Messiah College Athletic Training
Injury, Illness, Medical Record

Athlete's Name: ___________________________  Today’s Date: ___________________________

Date of injury: ___________________________  Time: __________  Place: ___________________________

Team: ___________________________  Activity while injured: ___________________________

Body Part: (R) (L) ___________________________

HISTORY:
Previous History: ___________________________

Etiology (cause): ___________________________

Primary complaint/symptoms: ___________________________

OBSERVATION/INSPECTION: 

PALPATION:

RANGE OF MOTION:
(passive) ___________________________

(active) ___________________________

NEUROLOGICAL TEST

STRESS TESTS:
muscle/tendon (grade) ___________________________

joint ___________________________

SPECIAL TESTS:

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:**

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