Messiah College Athletic Training Injury, Illness, Medical Record

Athlete's Name:			Today's Date:			
last		first	MI			
Date of injury	Time	Place				
Team						
Body Part (R) (L)						
HISTORY:						
Previous History					_	
Etiology (cause)						
Etiology (cause) Primary complaint/symptoms						
Timary complainty symptoms						
OBSERVATION/INSPECTION:						
,						
					_	
PALPATION:						
RANGE OF MOTION:						
(passive)						
(active)						
(delive)						
NEUROLOGICAL TEST						
STRESS TESTS:						
muscle/tendon (grade)						
joint						
SPECIAL TESTS:						
FUNCTIONAL TESTS:						
FUNCTIONAL TESTS.						
Initial injury/illness assessment	:					
Final injury/illness assessment:						
Physician's report/diagnosis:						
COMMENTS:						
Discontinuation Date/ATC Clear	anco					
Discontinuation Date/ATC Clear	ance	Date		ATC Signature		
				J		

EMERGENCY INIURY/ILLNESS CARE

	EMERGENCY INJURY/ILLNESS CARE			
PRIMARY SURVEY (ABC's)				
	f consciousness			
VITAL SIGNS				
	Skin color			
	Respiration			
	Circulation (bleeding)			
	Pulse			
	Blood Pressure			
	Temperature			
	Shock			
NEW DOLOGICA	A CITATIVA (
	L STATUS (sensation, motor, reflex)			
IMMFDIATE/F	MERGENCY CARE PROVIDED:			
initial distriction	PIEKULNUT GIRLI KOVIDED.			
SECONDARY S	URVEY (assessment) SEE PAGE ONE			
ATHLETIC TRA	AINER GIVING TREATMENT (signature):			
COMMENTS (at	thlete's status/disposition at time of injury)			
	s Notes & Goals:			
Date	Remarks			
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