

Messiah College Athletic Training
Injury, Illness, Medical Record

Athlete's Name: _____ Today's Date: _____
last first MI

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

