

**BOARD OF EDUCATION  
MILFORD, CONNECTICUT**

**ATHLETIC INJURY REPORT**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Injury Date: \_\_\_\_\_ Exam Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ H#: \_\_\_\_\_ W#: \_\_\_\_\_

Address: \_\_\_\_\_ Insurance: \_\_\_\_\_

School: \_\_\_\_\_ Sport/Year (V/JV/F): \_\_\_\_\_

Grade: \_\_\_\_\_ Activity: Practice Game Scrimmage Other \_\_\_\_\_ Time: \_\_\_\_\_ AM PM

Location (*be specific*): Home: \_\_\_\_\_ Away: \_\_\_\_\_

Body Part Injured: \_\_\_\_\_ Pain Level: 0 1 2 3 4 5 6 7 8 9 10

History/Mechanism of Injury: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Observation/Palpation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ROM: Passive: \_\_\_\_\_

Active: \_\_\_\_\_

MMT: \_\_\_\_\_

Special Tests: \_\_\_\_\_  
\_\_\_\_\_

Assessment: \_\_\_\_\_

Status/Plan: RTP Withheld from play Symptom Limit Reassess by ATC

\*Refer to E.R. \*Refer to M.D.: Physician's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_

*\*If referred to M.D., athlete must have M.D. note for RTP*

Notes: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_