

# TUCSON YOUTH FOOTBALL AND SPIRIT FEDERATION, INC. "INJURY REPORT FORM"

**INSTRUCTIONS:** This form is to be completed by the attending Medical person (with assistance from the Team Business Manager) for any injury that requires referral to a physician or hospital or immediate medical treatment. **This report must be signed by both the attending Medical person and the Team Business Manager. All injuries must be reported within three (3) days.**

**Print Clearly**

Participants Name: \_\_\_\_\_ Jersey Number: \_\_\_\_\_  
Date of Injury: \_\_\_\_\_ Time: \_\_\_\_\_ Quarter: \_\_\_\_\_  
Association: \_\_\_\_\_ Division: \_\_\_\_\_ Team: \_\_\_\_\_ Coach: \_\_\_\_\_

**EVENT** (Circle Appropriate Number)

- |              |                           |                               |
|--------------|---------------------------|-------------------------------|
| 1. Practice  | 3. Game                   | 5. Other (describe):<br>_____ |
| 2. Scrimmage | 4. Transportation to/from |                               |

**EQUIPMENT** (Circle Appropriate Number):

- |         |                |         |
|---------|----------------|---------|
| 1. Full | 2. Helmet Only | 3. None |
|---------|----------------|---------|

**POSITION** (Circle Appropriate Number)

- |                        |                        |                   |
|------------------------|------------------------|-------------------|
| 1. Defensive Line      | 3. Offensive Line      | 5. Other<br>_____ |
| 2. Defensive Backfield | 4. Offensive Backfield |                   |

**LOCATION OF INJURY** (Indicate if left or right, and circle number on the injury)

- |             |            |              |                 |
|-------------|------------|--------------|-----------------|
| Right _____ | Left _____ |              |                 |
| 1. Head     | 8. Spleen  | 15. Hand     | 22. Thigh       |
| 2. Neck     | 9. Pelvis  | 16. Wrist    | 23. Hip         |
| 3. Back     | 10. Arm    | 17. Finger   | 24. Collar Bone |
| 4. Ribs     | 11. Leg    | 18. Thumb    | 25. Forearm     |
| 5. Teeth    | 12. Foot   | 19. Elbow    | 26. Eye         |
| 6. Mouth    | 13. Ankle  | 20. Toe      | 27. Kidney      |
| 7. Nose     | 14. Knee   | 21. Shoulder | 28. Genitals    |
| Other _____ |            |              |                 |

**TYPE OF INJURY** (Circle the number of the known or suspected nature of injury. In case of multiple injuries, Number the circles to correspond to the injury on the previous section).

- |                  |                            |                              |
|------------------|----------------------------|------------------------------|
| 1. Fracture      | 4. Bruise/Contusion        | 7. Puncture                  |
| 2. Sprain/Strain | 5. Laceration              | 8. Other (describe)<br>_____ |
| 3. Tear          | 6. Dislocation/Sublimation |                              |

**TREATMENT** (Circle appropriate number)

- |                                      |                          |                              |
|--------------------------------------|--------------------------|------------------------------|
| 1. Ice                               | 5. Compression           | 8. Taping/Splinting          |
| 2. Observation                       | 6. Returned to team/game | 9. Other (describe)<br>_____ |
| 3. Request Ambulance                 | 7. Referral to Physician |                              |
| 4. Transported by other (name) _____ |                          |                              |

**EVALUATION/ASSESSMENT OF INJURIES** (briefly describe the athlete's chief complaint and your suspicions of the nature of the injury):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attending Medical Person (print name and credentials): \_\_\_\_\_

Medical Person Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Team Business Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Form Distribution: Original – Problem Resolution Committee    Copy – Participate/Parent    Copy – Team Business Records