

FRACTURES, DISLOCATIONS, STRAINS, SPRAINS, CONTUSIONS

STUDENT NAME: _____

WHEN, WHERE, HOW INJURY OCCURRED, COMPLAINTS REGARDING PAIN AND FUNCTION

TIME OF INCIDENT: _____

DATE: _____

ARRIVAL TIME IN HEALTH OFFICE: _____

DEPARTURE TIME AND DISPOSITION: _____

SIGNATURE: _____

Record assessments & interventions by circling Yes, No, & intervention done, plus filling in blanks.

