

Post Season Injury Questionnaire

Name: _____ Date: _____

Sport (s): _____

Please indicate which of the following you injured during the past season while participating for the University of Delaware.

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. <u>Skull</u>
____ Head
____ Eye R L
____ Ear R L
____ Nose
____ Jaw
____ Concussion | 3. <u>Chest</u>
____ Clavicle R L
____ Sternum
____ Ribs R L | 6. <u>Lower Extremity</u>
____ Gluteal muscle R L
____ Hip R L
____ Groin muscle R L
____ Hamstring muscle R L
____ Thigh muscle R L
____ Knee R L
____ Shin R L
____ Achilles tendon R L
____ Calf muscle R L
____ Ankle R L
____ Foot R L
____ Toes R L
____ 1 2 3 4 5 |
| 2. <u>Upper extremity</u>
____ Shoulder R L
____ Upper arm R L
____ Elbow R L
____ Forearm R L
____ Wrist R L
____ Fingers R L
____ 1 2 3 4 5 | 4. <u>Abdominal organs</u>
____ Stomach
____ Kidney
____ Spleen
____ Liver
____ Genitals | 5. <u>Spine</u>
____ Neck
____ Mid back
____ Low back |

7. Other: _____

8. Did you report each of these injuries to an athletic trainer?

Yes No If not, which ones went unreported? _____

9. Do you have any of the following symptoms after being injured?

Headache Local numbness Lingering joint pain Blood in urine

10. Will you meet with the Sports Medicine Physician to plan continued treatment, rehabilitation, or medical care of any or all of your injuries?

Yes I will contact the Sports Medicine Clinic.

No I will relieve the College of any liability or financial responsibility for any damages or injuries sustained as described.

By my signature I agree that the above is accurate and that falsification on my part would relieve the University of Delaware of being obligated for any condition that results from this falsification.

Signature of Student Athlete: _____

If this form is not returned to the Sports Medicine Clinic, it shall be assumed that you do **not** wish an exit physical and absolve the University of Delaware Intercollegiate Athletic Program of all responsibility for further treatment or rehabilitation of your injuries.