# 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. **Skull**  
   - Head  
   - Eye R L  
   - Ear R L  
   - Nose  
   - Jaw  
   - Concussion

2. **Upper extremity**  
   - Shoulder R L  
   - Upper arm R L  
   - Elbow R L  
   - Forearm R L  
   - Wrist R L  
   - Fingers R L  

3. **Chest**  
   - Clavicle R L  
   - Sternum  
   - Ribs R L  

4. **Abdominal organs**  
   - Stomach  
   - Kidney  
   - Spleen  
   - Liver  
   - Genitals

5. **Spine**  
   - Neck  
   - Mid back  
   - Low back  
   - 1 2 3 4 5

6. **Lower Extremity**  
   - 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  

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:** ______________________________________________________

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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.