

## 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.

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

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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.