



550 Eckhardt Avenue West, Penticton, BC V2A 8L9

www.pinnaclesfc.com

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SPORTS INJURY/ACCIDENT REPORT FORM

PERSON INJURED: Player Team Official Instructor Coach Volunteer Spectator

Name: _____ Gender: Male Female Date of Birth: _____ Age: _____

Address: _____ City: _____ Province: _____ PC: _____

Height (approx.): _____ Weight (approx.): _____ Years of Experience: _____

(1) Witness Name: _____ Witness Phone Number: _____

(2) Witness Name: _____ Witness Phone Number: _____

INJURY CLASSIFICATION

Acute Injury New Injury Recurrent Injury This Year Recurrent Injury Last Year
 Recurrent Non-Injury Complication of Prior Injury Other: _____

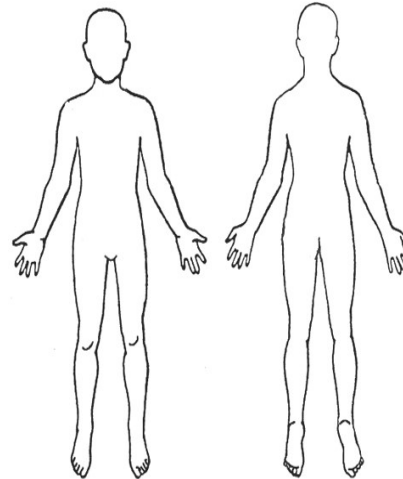
NATURE OF INJURY

Laceration Sprain Fracture Dislocation Other: _____

SYMPTOMS

Loss of Feeling Dizziness Shortness of Breath Loss of Consciousness Other: _____

Mark the area(s) you are experiencing any of the complaint(s) listed above with the appropriate symbols. Mark any areas of radiation. Include all the affected areas.



Grade the intensity/severity of pain (if any) you are presently experiencing

- None
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Numbness • • • •

Pins & Needles o o o o

Burning X X X X

Aching * * * *

Stabbing // // //

CAUSE OF INJURY EXPLAIN HOW THE ACCIDENT OCCURRED, I.E. WAS ANOTHER PLAYER INVOLVED OR WAS THE INDICDNET INDEPENDENT OF CONTACT.

INITIAL TREATMENT

None Given RICE (Rest, Immobilize, Cold, Elevate) Sling Splint Wrapping/Taping Dressing
 Crutches Manual Therapy CPR Stretch/Exercise None Given – Referred Elsewhere

Name (please print)

Signature

Date