

Injury Documentation Template

Date: _____

To: [Coach/Manager Name]

From: [Athlete's Name]

Subject: Injury Documentation

Injury Details

Date of Injury: _____

Time of Injury: _____

Location of Injury: _____

Type of Injury: _____

Description: _____

Symptoms: _____

Medical Evaluation

Physician's Name: _____

Date of Evaluation: _____

Diagnosis: _____

Recommended Treatment: _____

Return to Play

Clearance Date: _____

Notes from Physician: _____

Signature of Physician: _____

Athlete Declaration

I, [Athlete's Name], acknowledge that I have disclosed all relevant information regarding the injury described above and understand the importance of following medical advice.

Signature: _____ Date: _____