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

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
   - Spleen
   - Liver
   - Genitals
   - Abdominal organs
   - Thigh muscle R L
   - Hamstring muscle R L
   - Hip R L
   - Groin muscle R L
   - Stomach

5. **Spine**
   - Neck
   - Mid back
   - Low 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: ________________________________________________________

 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.