



HARDIN NORTHERN ATHLETIC DEPARTMENT



Injury/Illness Report

SPORT _____ YEAR _____ COACH _____

Athlete/Participant's Name _____

Date of Injury _____ Time of Injury _____

Coach's Diagnosis _____

Was athlete/participant referred to a physician? YES NO

Was any treatment rendered to the athlete at the time of the injury? YES NO

If "yes", please explain: _____

If athlete was examined by a physician, attach release to this form and file.

Coach's Signature: _____

Notes: _____

