## **USFL Post-Event Injury Report Form**

<u>Event</u> :	<u>Location</u> :	<u>Date</u> :	<u>Class</u> :
Medical Personnel:			
Name:	<u>Gym</u> :	Age:	<u>Class</u> :
<u>Guardian</u> :	<u>Relationship</u> :		<u>Ph. #:</u>
<u>Description of Injury</u> :			
Mechanism of Injury:			
Care Rendered:			
Follow-Up:			
Tollow op.			
Name:	Gym:	Age:	Class:
Guardian:	Relationship:	<u> </u>	Ph.#:
Description of Injury:			
Mechanism of Injury:			
Care Rendered:			
Follow-Up:			
	T-		
Name:	Gym: Relationship:	Age:	Class: Ph.#:
Guardian:  Description of Injury:	<u>Neiationship.</u>		<u>F11.#.</u>
<u>Description of injury.</u>			
Mechanism of Injury:			
Mechanism of injury.			
Care Rendered:			
Follow-Up:			