

# USFL Post-Event Injury Report Form

Event:

Location:

Date:

Class:

Medical Personnel:

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<u>Name:</u>	<u>Gym:</u>	<u>Age:</u>	<u>Class:</u>
<u>Guardian:</u>	<u>Relationship:</u>	<u>Ph. #:</u>	
<u>Description of Injury:</u>			
<u>Mechanism of Injury:</u>			
<u>Care Rendered:</u>			
<u>Follow-Up:</u>			

<u>Name:</u>	<u>Gym:</u>	<u>Age:</u>	<u>Class:</u>
<u>Guardian:</u>	<u>Relationship:</u>	<u>Ph. #:</u>	
<u>Description of Injury:</u>			
<u>Mechanism of Injury:</u>			
<u>Care Rendered:</u>			
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<u>Name:</u>	<u>Gym:</u>	<u>Age:</u>	<u>Class:</u>
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<u>Care Rendered:</u>			
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