



**DELAWARE HIGH SCHOOL
ATHLETIC INJURY/ILLNESS SCREEN**

CONFIDENTIAL

NAME _____ DOB _____ SEX _____ SPORT _____ ATHLETE
DATE OF ONSET _____ AM _____ PM DATE OF VISIT _____ AM _____ PM SCHOOL _____ OFFICIAL
INJURY NATURE _____ ACUTE _____ CHRONIC _____ COMPLICATION _____ COACH
OCCASION: _____ COMPETITION _____ SCRIMMAGE _____ TRAINING _____ NOT SPORT RELATED

BODY PART

(FIRST TWO NUMBERS OF CODE)

SPECIFIC

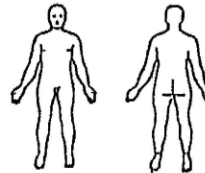
- 01 head (Skull/scalp/Brain)
- 02 Face (Eyebrow/Eyelid)
- 03 Eye/Orbit
- 04 Ear
- 05 Jaw/Chin (Mandible /Maxilla)
- 06 Teeth/Mouth
- 07 Nose
- 08 Throat
- 09 Neck (Spine/Brachial Plexus)
- 10 Shoulder (Scapula/Humerus)
- 11 clavicle (Acromio/Serno)
- 12 Sxlla
- 13 Upper Arm
- 14 Elbow (Humerus/Radius-ulna)
- 15 Forearm
- 16 Wrist (Distal Radius-Ulna/Carpals)
- 17 Hand (Metacarpals)
- 18 Thumb
- 19 Fingers
- 20 Chest (Reibs/Lungs/Sternum/Breast)
- 21 Heart
- 22 upper Back (Thoracic Spine)
- 23 Lower Back (Lumbar Spine)
- 24 Coccyx/Scrum
- 25 Abdomen
- 26 Spleen
- 27 Liver
- 28 pancreas
- 29 Kidney
- 30 prostate
- 31 Bladder
- 32 Uterus

- 33 Gonads
- 34 Genitalia
- 35 Anus/Rectum
- 36 hip (Ilium/Femur)
- 37 Groin (Pubis/Ichlum)
- 38 Thigh (Femur)
- 39 meniscus
- 40 Knee (Femoral/Tibial Condyles)
- 41 patella
- 42 Shin (Tibia)
- 43 Calf (Fibula)
- 44 Ankle (tibia-fibula/Talus)
- 45 Foot (Tarsal / Matatarsal)
- 46 heel (Calcaneus)
- 47 Large Toe
- 48 Toes

NON SPECIFIC

- 49 Multiple Injuries
- 50 Psychological
- 51 Neurological
- 52 Spinal Cord
- 53 Respiratory
- 54 Skin
- 55 Lymphatic
- 56 Secreory Glands
- 57 Peripheral Circulatory
- 58 Gastrointestinal Tract
- 59 Connective Tissue
- 60 Systemic

___ RIGHT ___ LEFT



TYPE OF INJURY

(THIRD AND / OR FOURTH NUMBER OF CODE)

- 0.1 ABRASION (G)
- 5.2 AVULSION (O)
- 2. BURN (G)
- 0.5 BURSTITIS (O)
- 1. CONCUSSION (N)
- .02 CONTUSION (G)
- 3. DISLOCATION (O)
- 5. FRACTURE (O)
- 0.4 LACERATION (G)
- 0.3 PUNCTURE (G)
- 3. SPRAIN (O)
- 4. STRAIN (O)
- 3. SUBLUXATION (O)
- 0.6 TENDONITIS (O)
- 7. DRUG/CHEMICAL ILLNESS (D)
- 8. ILLNESS (M)
- OTHER (X) ___

TIMED MISSED

- ___ < 1 DAY
- ___ < 1 WEEK (___ DAYS)
- ___ < 3 WEEK (___ WEEKS)
- ___ > 3 WEEK (___ WEEKS)
- ___ CATASTROPHIC
- ___ FATAL

FOR OFFICE USE ONLY

DIAGNOSIS CODE

TEMPERATURE _____ BLOOD PRESSURE _____ PULSE _____ HEIGHT _____ WEIGHT _____

ALLERGIES _____

HISTORY _____

PHYSICAL FINDINGS _____

LAB _____

X-RAY _____

IMPRESSION _____

TREATMENT _____

CLEARED FOR PRACTICE/COMPETITION _____

REFERRED _____ ATC

ADMITTED _____ OTHER

ON _____ OF _____ MD/DO

DATE _____ ATHLETES FULL NAME _____ ATHLETES SCHOOL _____

WAS EVALUATED BY _____ OF _____

(MEDICAL PERSONNEL CREDENTIALS)

(MEDICAL PERSONNEL CONTACT INFO)

It is in the professional opinion of the trained medical personnel that the above named Athlete seek further medical attention and be personally evaluated by a physician prior to returning to any form of activity or athletics.

This recommendation is to ensure that the Athlete receives medical attention and is not in any position that may threaten his or her health. By signing this form the athlete and parent acknowledge the seriousness of protecting against further injury. MD/DO intervention is recommended on all injuries/illnesses and is required under DIAA regulations for injuries or illnesses resulting in two or more days of lost playing time, concussions, or any other injury beyond a minor sprain/strain or contusion.

DATE

ATHLETE

WITNESS/COACH

MEDICAL PERSONNEL

PARENT OR GUARDIAN