

Student Injury Health Professional Report



Student Details			
NAME	YEAR LEVEL/AGE	/	
SPORT	DATE OF NEXT MATCH/EV	DATE OF NEXT MATCH/EVENT	
INJURY SUSTAINED			
DATE OF INJURY	LOCATION OF INCIDENT		
ealth Professional Report	BUSINESS NAME		
ONTACT PHONE	EMAIL		
JURY DIAGNOSIS EATMENT PLAN	Jogging (>50%) Aggravating Activities Lower Body Weights Bike	Running (>70%) Walking Change of Direction Upper Body Weights Swimming Core exercises	
	RECOMMENDED THERAPY Massage from therapist	Professional treatmer	

DATE FOR REVIEW

RETURN TO SPORT GUIDELINES AND EXERCISES

Please use back of page to add extra notes

- Rehabilitation exercises
- Foam roller Trigger ball massage
- Complete rest Walk/Jog/Run Progression
- Bike
- Stretch
- Self-massage
 - Decreased load

SIGNATURE