



PROTECTED B (When completed)

CANADIAN ARMED FORCES ATHLETIC TRAINER PROGRAM SPORTS INJURY REPORT

SN:	DOB:	LABEL
NAME:	UNIT:	
REFERRED BY:	RANK:	
DATE:	CF 98 Discussed: <input type="checkbox"/>	
Sport Location:	Date time and place of injury:	

Chief Complaint:

History:

The diagram shows four human figures used for medical history taking. From left to right: a profile view of a person pointing to their head; a front view of a person; a back view of a person with a dashed line indicating the spine; and a three-quarter view of a person pointing to their head.

Impression:

Treatment, recommendations, disposal action:

Athletic Trainer Print and Signature

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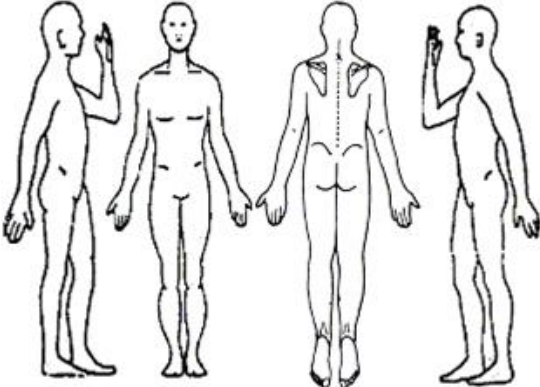
PROTÉGÉ B (Une fois rempli)

PROGRAMME DE SOIGNEURS DES FORCES ARMÉES CANADIENNES RAPPORT DE BLESSURE SPORTIVE

Numéro matricule:	Date de naissance:	Étiquette
NOM:	UNITÉ:	
RECOMMANDÉ PAR:	GRADE:	
DATE:	CF 98 discuté: <input type="checkbox"/>	
Installation sportive:	Date, heure et lieu de l'incident:	

Principale plainte :

Antécédents :



Impression:

Traitement, recommandations, mesures à prendre:

Nom (en caractères d'imprimerie) et signature du soigneur

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