|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  Name City/State |  | Age | Right, Left, Both | BODY PART | TYPE OF INJURY (Circle all which apply) |  TREATMENT (Circle all which apply) |
|  |   |   | R L B |   | Prevention Sprain/Strain Bruise Wound Nosebleed Dehydrate Sick Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Tape Pad Ice Clean Drugs Bandage Adjustment Stretch Other\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |   |   | R L B |   | Prevention Sprain/Strain Bruise Wound Nosebleed Dehydrate Sick Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Tape Pad Ice Clean Drugs Bandage Adjustment Stretch Other\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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