



Appendix A

Date	Name	City, State	Age	Right, Left, Both	Body Part	Type of Injury (Circle all that apply)	Treatment (Circle all that apply)
				Right Left Both		Sprain/Strain Bruise Wound Nosebleed Concussion Dehydrate Sick Other _____	Ice Biofreeze Tape Pad Clean Drugs Bandage Other _____
				Right Left Both		Sprain/Strain Bruise Wound Nosebleed Concussion Dehydrate Sick Other _____	Ice Biofreeze Tape Pad Clean Drugs Bandage Other _____
				Right Left Both		Sprain/Strain Bruise Wound Nosebleed Concussion Dehydrate Sick Other _____	Ice Biofreeze Tape Pad Clean Drugs Bandage Other _____
				Right Left Both		Sprain/Strain Bruise Wound Nosebleed Concussion Dehydrate Sick Other _____	Ice Biofreeze Tape Pad Clean Drugs Bandage Other _____
				Right Left Both		Sprain/Strain Bruise Wound Nosebleed Concussion Dehydrate Sick Other _____	Ice Biofreeze Tape Pad Clean Drugs Bandage Other _____
				Right Left Both		Sprain/Strain Bruise Wound Nosebleed Concussion Dehydrate Sick Other _____	Ice Biofreeze Tape Pad Clean Drugs Bandage Other _____

**CONFIDENTIAL**

Appendix B

# USA TAEKWONDO SPORTS MEDICINE ATHLETIC INJURY/ILLNESS REPORT FORM

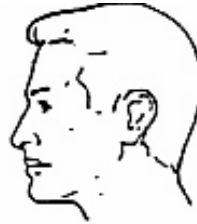
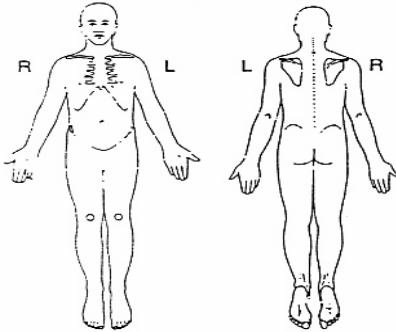
NAME \_\_\_\_\_ DOB \_\_\_\_\_ GENDER \_\_\_\_\_  
 ATHLETE \_\_\_\_\_ COACH \_\_\_\_\_ OFFICIAL \_\_\_\_\_ PARENT \_\_\_\_\_ OTHER \_\_\_\_\_

DATE & TIME OF INJURY \_\_\_\_\_ STATE/COUNTRY OF RESIDENCE \_\_\_\_\_  
 NAME & YEAR OF COMPETITION \_\_\_\_\_

INJURY NATURE: ACUTE \_\_\_\_\_ CHRONIC \_\_\_\_\_ RE-INJURY \_\_\_\_\_ -- DATE OF 1<sup>ST</sup> INJURY \_\_\_\_\_  
 OCCASION: WARM-UP \_\_\_\_\_ COMPETITION \_\_\_\_\_ NON-SPORT \_\_\_\_\_

WEIGHT CLASS \_\_\_\_\_ BELT COLOR/DAN \_\_\_\_\_

CLASSIFICATION: PRE-ADOL \_\_\_\_\_ JR \_\_\_\_\_ SR \_\_\_\_\_ EXEC SR \_\_\_\_\_ NON-ATHLETE \_\_\_\_\_



VITALS: TEMP \_\_\_\_\_ BP \_\_\_\_\_ PULSE \_\_\_\_\_ RESP \_\_\_\_\_ PUPILS \_\_\_\_\_ LOC \_\_\_\_\_

ALLERGIES \_\_\_\_\_

DIAGNOSIS/EVALUATION \_\_\_\_\_

HISTORY & EVALUATION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SENT TO HOSPITAL \_\_\_\_\_ X-RAY \_\_\_\_\_ RECOMMEND FURTHER EVAL \_\_\_\_\_  
 FOLLOW-UP \_\_\_\_\_ TREATMENT \_\_\_\_\_

CLEARED FOR PARTICIPATION \_\_\_\_\_ 30-DAY OUT HEAD INJURY \_\_\_\_\_ RETURN DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ ATC MD DO DC PA PT MEDIC RN EMT  
 STUDENT \_\_\_\_\_

**CIRCLE ONE FOR EACH:**

**Was the injury sustained from:**

- blocking a kick
- blocking a punch
- attacking with a kick
- attacking with a punch
- charging opponent, no kick or punch
- unblocked kick or punch (being attacked, no defense)
- stepped into kick
- stepped into punch
- recovering from missed kick
- attacked with back turned
- kicked/punched while falling
- kicked after fall/on the ground
- hitting playing surface
- colliding/clashing with opponent
- warming up
- unknown origin
- non-sport related

**Was the injury sustained during:**

- previous injury prior to event
- 1<sup>st</sup> round
- 2<sup>nd</sup> round
- 3<sup>rd</sup> round
- warm up/between fights
- non-sport related

**Was the injury sustained during:**

- previous injury prior to event
- 1<sup>st</sup> fight
- 2<sup>nd</sup> fight
- 3<sup>rd</sup> fight
- 4<sup>th</sup> fight
- 5<sup>th</sup> fight
- 6<sup>th</sup> fight
- 7<sup>th</sup> fight
- warm up/between fights
- non-sport related

**Type of kick causing injury:**

- spinning/swing
- thrust
- axe
- punch/no kick
- non-sport related
- fell onto, no kick involved

**Has athlete ever sustained a head injury before?**

- Date(s) of head injury \_\_\_\_\_
- Type of head injury \_\_\_\_\_
- Evaluated at hospital    YES    NO
- Stayed overnight at hospital    YES    NO
- Complications \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YES    NO

**Body Part:** \_\_\_\_\_

Right    Left    Both    Posterior    Anterior

**Specific structure:** \_\_\_\_\_

**Injury Nature:** \_\_\_\_\_

(refer to NAIRS Listing)

**If concussion, what grade:** \_\_\_\_\_

(Refer to reference card on grading)

**Wearing mouthpiece?    YES    NO**

Brand of headgear \_\_\_\_\_

Brand of chest protector \_\_\_\_\_

**Athlete, due to injury (circle one):**

- lost fight
- bowed out of fight due to injury
- won fight
- won fight but could not continue
- won due to illegal hit/move of opponent

**Did athlete receive any bye matches?**

yes    no  
How many? \_\_\_\_\_

**Number of Times Competing at the**

**Local Level** \_\_\_\_\_

**State Level** \_\_\_\_\_

**Regional Level** \_\_\_\_\_

**National Level** \_\_\_\_\_

**International Level** \_\_\_\_\_

**Time Loss**

Could no longer compete  
Completed tournament fights  
Recommended time off following  
tournament -- how many days  
off? \_\_\_\_\_  
To see doctor before return to  
athletic participation

## USA TAEKWONDO SPORTS MEDICINE HEAD INJURY GUIDELINES

This is a follow-up sheet for your health and safety. Quite often, signs of a head injury do not appear immediately after trauma, but hours, even days, after injury. The purpose of this fact sheet is to alert you to the symptoms of significant head injuries, symptoms that may occur several hours after you leave the care of the athletic trainer.

It is common to have a headache following trauma to the head or face. If you feel the need to take a medication to relieve this discomfort, you may take **2 acetaminophen tablets (Tylenol®) every 4 hours for the pain and NOTHING ELSE!!!! DO NOT TAKE ASPIRIN OR IBUPROFEN (Advil®, Motrin®, Aleve®, Nuprin®, etc.** If under the age of 12, seek the children's acetaminophen alternative. If in doubt, contact medical personnel before taking any medication.

If you experience one or more of the following symptoms following a head injury, contact medical personnel:

1. Difficulty remembering recent events or meaningful facts, or change in the ability to remember
2. Severe headache, particularly in a specific location
3. Stiffening of the neck, causing sharp pain
4. Bleeding or clear fluid dripping from the ears or nose
5. Mental confusion or strange, "foggy" feeling
6. Nausea or vomiting, especially projectile vomit
7. Dizziness, poor balance, or unsteadiness
8. Weakness in either arms and/or legs
9. Abnormal drowsiness or sleepiness & fatigue
10. Convulsions
11. Unequal pupil size, if abnormal for you
12. Loss of appetite
13. Persistent ringing of the ears
14. Slurring of speech
15. Unusual lethargy, or feeling blah for no reason

The appearance of any of the above symptoms tells you that you have had a significant head injury that **requires medical attention**. If any of these symptoms appear, contact the medical personnel listed below, or report **IMMEDIATELY** to the hospital. **DO NOT EAT OR DRINK ANYTHING BEFORE SEEKING MEDICAL ATTENTION.**

\_\_\_\_\_  
Evaluator

\_\_\_\_\_  
Phone/Pager Number

\_\_\_\_\_  
Hotel/Room #

**REPORT TO YOUR INSTRUCTOR THE FOLLOWING DAY BEFORE BEGINNING PARTICIPATION IN ANY ACTIVITY**

**30-day-out rule applies to your head injury**    YES

NO

Return date \_\_\_\_\_