



ASP Training

INJURY EVALUATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

Agency _____ Date of Birth _____ Sex _____

Date of Injury _____ Time of Injury _____

* * *

Injury Category: ☐ New ☐ Existing

Initial Assessment:

Orientation	Color	Respiratory	Skin Temperature	Treatment Rendered Prior to Arrival	
<input type="checkbox"/> Alert	<input type="checkbox"/> Pale	<input type="checkbox"/> Adequate	<input type="checkbox"/> Warm	<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Iced
<input type="checkbox"/> Disoriented	<input type="checkbox"/> Flushed	<input type="checkbox"/> Shallow	<input type="checkbox"/> Cool	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Elevated
<input type="checkbox"/> Unconscious	<input type="checkbox"/> Normal	<input type="checkbox"/> Coughing	<input type="checkbox"/> Dry	<input type="checkbox"/> Stretcher	<input type="checkbox"/> Elastic Wrap
			<input type="checkbox"/> Moist	<input type="checkbox"/> Ambulance	

Specific location of injury _____

Characteristics (symptoms) _____

Activity involvement at time of injury _____

Cause of injury _____

* * *

Surface on which injury occurred _____

Were class safety rules explained prior to training? _____

Was a proper warm-up conducted prior to training? _____

Type of shoes worn at time of injury _____

Type of training apparel worn at the time of injury _____

Did trainee have regular exercise habits prior to training? _____

Describe the specifics of the injury _____

Witnesses to the injury _____

Describe aid provided to the trainee _____

Was consultation with medical personnel suggested? _____

Instructor

Witness