

Personal Training Injury Report

Client name: _____

Street address: _____

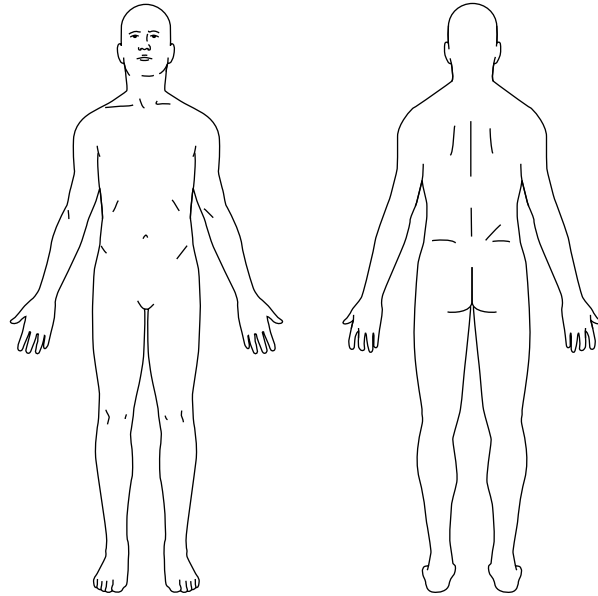
Contact telephone number:

Daytime: _____ Evening: _____

Date of report (M/D/Y): _____

Onset date of symptoms (M/D/Y): _____

Body Region (circle injured body regions)



Symptoms as Reported to Trainer

Check item(s):

- Pain
- Loss of range of motion
- Muscle spasm
- Other

Describe: _____

Trainer's Recommendations to the Client

- Seek medical attention and secure written permission and authorization from a physician or physical therapist before resuming, supervised or unsupervised, physical exercise of the injured body regions listed in this report.
- Other

Describe: _____

Signatures

Client name (print): _____

Client name (signature): _____

Trainer's name (print): _____

Trainer's name (signature): _____

Date: _____