

Texas A&M University Dance Program  
Injury Report Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

UIN: \_\_\_\_\_ Classification : \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Dance Program Classification (check one):

BS in KINE: Dance Science

Dance Concentration

Dance Minor

Date of Injury: \_\_\_\_\_

Did the injury occur in an academic dance class?  Yes  No

Describe the incident that caused your injury:

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Was EMS called?  Yes  No

Have you seen a doctor?  Yes  No

If so, what was your diagnosis: (attach doctor's note)

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How long have you been advised to stay off the injury? \_\_\_\_\_

Have you been given physical therapy? If so, please describe the exercises that were given to you.

Yes  No

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