

INJURY REPORT FORM

PLEASE PRINT

Accident Date: ___/___/___

Time: _____ am/pm

Sex: M ___ F ___

Name of Injured: _____ Phone: _____ I.D. # _____

Permanent Address: _____

Name of Area Supervisor: _____

1. CLASSIFICATION OF INJURED (check one)

Student Faculty/Staff Member Guest Employee

2. IS THE INJURED A MINOR? ___ Yes ___ No

3. ACCIDENT LOCATION (check one)

Recreation Center Outdoors Other (specify) _____

4. ACTIVITY AREA OF ACCIDENT (check one)

Aerobics Room Locker Room Weight Room
 Fitness Area Pool Outdoor Tennis Rec Fields, _____
 Gym Racquetball Court Track Other (specify) _____

5. PROGRAMMER (check one)

Personal Fitness Informal Recreation Instructional Programs
 Rec Sports Sports Club Other (specify) _____

6. ACTIVITY AT TIME OF ACCIDENT (check one)

Aerobics Football Softball Weight Training
 Basketball Racquetball Swimming Other (specify) _____
 Diving Soccer Volleyball

7. CAUSE OF ACCIDENT (check one)

Collision with obstacle (wall, post, etc) Hit by striking implement (racquet, etc)
 Collision with person Previous Injury
 Fall Sudden turn, twist, or stop
 Hit by projectile (ball, bat, etc) Other (specify) _____

8. TYPE OF INJURY SUSPECTED IF KNOWN (check any that apply)

Bruise Dislocation Laceration Other (specify) _____
 Concussion Fracture Sprain/Strain

9. BODY PART INJURED (note side of injury using "R" for right side and "L" for left side)

___ Abdomen	___ Face	___ Head	___ Shoulder	___ Up. Leg
___ Ankle	___ Fingers	___ Knee	___ Thumb	___ Wrist
___ Back	___ Foot	___ L. Arm	___ Toes	
___ Elbow	___ Hand	___ L. Leg	___ Trunk	
___ Eyes	___ Hip	___ Neck	___ Up. Arm	

10. BLOOD EXPOSURE (check one) ___ Yes ___ No Name/Phone: _____

11. FIRST AID RENDERED (check all that apply)

CPR/Rescue Breathing Stopped bleeding None rendered
 Gave Ice Washed wound Other (specify) _____
 Kept immobile Victim of self-care

12a. WAS AN AMBULANCE RECOMMENDED TO BE CALLED? ___ Yes ___ No

12b. IF YES TO 12a, DID THE VICTIM REFUSE AMBULANCE RECOMMENDATION? ___ Yes ___ No

13. FURTHER CARE – DISPOSITION (check one)

Ambulance to hospital Went to Health Services Left area, no info
 Security to hospital Went home on own Continued activity
 Self/Friend to hospital Friend to home

Witness: _____ Phone: _____ Address: _____

Refusal of Service (Signature of Injured): _____ Date: _____

Signature of Report Filer: _____ Date: _____

Follow-

up: Write comments on the reverse side of this report, sign and date.