



ACCIDENT/INJURY REPORT FORM

Name: _____ Student ID#: _____ Phone #: _____

Address: _____ Age: _____ Sex: _____

Classification: (Circle One) Student Faculty Staff Alumni Guest Spouse

Date of Accident: _____ Time of Accident: _____

Location of Accident:

Student Recreation Center (___ Indoor Pool, ___ Weight Room, ___ Main Floor, ___ Racquetball Courts)
___ Outdoor Pool ___ Old Gym ___ PE Complex ___ North Fields ___ Sunset Park
Other: _____

Nature of Illness or Injury: ___ Sprain ___ Bruise/Contusion ___ Bleeding
___ Abrasion/Scratches ___ Fainting ___ Seizure ___ Shock
___ Cut/Laceration ___ Strain ___ Dislocation (obvious displacement)
Other: _____

SPECIFIC part of body injured: INDICATE RIGHT OR LEFT (R or L)

___ Ankle ___ Face ___ Arm ___ Head
___ Foot ___ Eye ___ Hand ___ Knee
___ Leg ___ Ear ___ Finger (_____) ___ Tooth (_____)
___ Toe (_____) ___ Nose ___ Wrist ___ Mouth (_____)

Give specific detail of the accident (What did you see or what did the injured tell you).

Type of First Aid Given: What did you do to help the injured person?

Who did the injured person leave with? _____

I RECOMMENDED THAT THE INJURED PERSON SEEK FURTHER MEDICAL ATTENTION.

Supervisor on duty: _____ Date _____

I have been advised, by an employee of the Department of Campus Recreation, to seek further medical attention.

Injured person's signature: _____ Date: _____

I REFUSED TREATMENT FROM AN EMPLOYEE OF THE DEPARTMENT OF CAMPUS RECREATION.

Witness signature: _____ Date: _____

Follow-Up Report

How was the injured person doing? _____

Followed-Up By: _____ Date: _____ Time: _____