

**SOUTHWESTERN INTRAMURAL & RECREATIONAL ACTIVITIES
ACCIDENT REPORT FORM**

Date of Report ___/___/___ **Date of Injury** ___/___/___ **Time of Injury** _____ a.m. p.m.

Information on Injured Person	
Name: _____	
Address: _____	
(street number)	(city)
(state)	(zip code)
Phone: _ (___) _____	Student ID Number: _____
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth: ___/___/___
Classification: <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Spouse <input type="checkbox"/> Alumni <input type="checkbox"/> Guest <input type="checkbox"/> Other (specify) _____	

POSSIBLE TYPE OF INJURY: SPRAIN STRAIN FRACTURE DISLOCATION CONCUSSION
 CONTUSION LACERATION PUNCTURE BLISTER OTHER (SPECIFY) _____

BODY PART INJURED: **RIGHT** **LEFT**

<input type="checkbox"/> HEAD	<input type="checkbox"/> JAW	<input type="checkbox"/> UPPER BACK	<input type="checkbox"/> HIP	<input type="checkbox"/> ELBOW	<input type="checkbox"/> THIGH (Hamstring)	<input type="checkbox"/> ANKLE
<input type="checkbox"/> FOREHEAD	<input type="checkbox"/> EAR	<input type="checkbox"/> LOWER BACK	<input type="checkbox"/> GROIN	<input type="checkbox"/> FOREARM	<input type="checkbox"/> THIGH (QUADRICEP)	<input type="checkbox"/> HEEL
<input type="checkbox"/> EYEBROW	<input type="checkbox"/> NECK	<input type="checkbox"/> CHEST	<input type="checkbox"/> TAILBONE	<input type="checkbox"/> WRIST	<input type="checkbox"/> KNEE	<input type="checkbox"/> TOP OF FOOT
<input type="checkbox"/> EYE	<input type="checkbox"/> THROAT	<input type="checkbox"/> RIBS	<input type="checkbox"/> BUTTOCK	<input type="checkbox"/> PALM OF HAND	<input type="checkbox"/> SHIN	<input type="checkbox"/> BOTTOM OF FOOT
<input type="checkbox"/> NOSE	<input type="checkbox"/> COLLARBONE	<input type="checkbox"/> STERNUM	<input type="checkbox"/> BICEP	<input type="checkbox"/> BACK OF HAND	<input type="checkbox"/> CALF	<input type="checkbox"/> TOE (WHICH)
<input type="checkbox"/> MOUTH	<input type="checkbox"/> SHOULDER	<input type="checkbox"/> STOMACH	<input type="checkbox"/> TRICEP	<input type="checkbox"/> FINGER (WHICH) _____		

FACILITY WHERE UNJURY OCCURRED:

ROBERTSON CENTER:

WALZEL GYM ROBERTSON GYM WEIGHT ROOM
 AEROBICS ROOM TRACK POOL
 LOCKER ROM RACQUETBALL COURT OTHER _____

OTHER AREAS:

TENNIS COURTS SOFTBALL FIELD BASEBALL FIELD
 SNYDER FIELD MOSES FIELD ACADEMIC MALL
 OTHER _____

PROGRAM AND ACTIVITY DURING WHICH INJURY OCCURRED:

INTRAMURAL SPORTS (SPECIFY SPORT) _____ SPORT CLUB (SPECIFY CLUB) _____
 FITNESS PROGRAM (SPECIFY PROGRAM) _____ SPECIAL EVENT (SPECIFY EVENT) _____
 OTHER (SPECIFY PROGRAM AREA AND ACTIVITY) _____ OUTDOOR RECREATION (SPECIFY ACTIVITY) _____

SPECIFIC DESCRIPTION OF HOW THE INJURY OCCURRED: _____

WHAT CARE WAS PROVIDED AND WHAT ACTION WAS TAKEN FOR THE INJURED PERSON? (BE DETAILED) _____

WAS CAMPUS POLICE NOTIFIED? YES NO IF YES, NAME OF OFFICER RESPONDING _____

DID PARAMEDICS/AMBULANCE RESPOND? YES NO **DID THE INJURED INDIVIDUAL CONTINUE TO PARTICIPATE?** YES NO

HOW WAS THE INJURED INDIVIDUAL TRANSPORTED (OR LEAVE THE FACILITY)? AMBULANCE CAMPUS POLICE FRIENDS SELF OTHER (SPECIFY) _____

WAS THE INJURED INDIVIDUAL ADVISED TO VISIT THE HEALTH CENTER OR SEEK OTHER MEDICAL TREATMENT? YES NO

WAS THE INJURED INDIVIDUAL ADVISED TO DISCONTINUE PARTICIPATION? YES NO

SIGNATURE OF INJURED: _____ **DATE:** _____ **WITNESS NAME:** _____

SIGNATURE OF PERSON FILING REPORT: _____ **WITNESS PHONE NUMBER:** _____

PRINTED NAME OF PERSON FILING REPORT: _____ **PHONE NUMBER:** _____

FOLLOW UP:

REVIEW:
