

Campus Recreation & Sport Clubs
SPORT CLUB INCIDENT REPORT

SPORT CLUB: _____

| PERSONAL | | |
|--|---------------|--------------|
| NAME _____ | SPIRE # _____ | |
| LOCAL ADDRESS _____ | PHONE _____ | |
| AGE _____ | GENDER _____ | STATUS _____ |
| <i>(UGrad, Grad, Fac/Staff, Other)</i> | | |

| DETAILS | | |
|--------------------------------------|-------------|----------------|
| DATE _____ | TIME _____ | LOCATION _____ |
| WITNESS _____ | PHONE _____ | |
| HOW DID ACCIDENT/INJURY OCCUR? _____ | | |
| _____ | | |

| SUSPECTED INJURIES | |
|---|--------------------------------------|
| <i>Check all that apply</i> | |
| <input type="checkbox"/> ABRASION | <input type="checkbox"/> LACERATION |
| <input type="checkbox"/> BLEEDING | <input type="checkbox"/> PUNCTURE |
| <input type="checkbox"/> BRUISE/CONTUSION | <input type="checkbox"/> SCRATCHES |
| <input type="checkbox"/> BURN | <input type="checkbox"/> SHOCK |
| <input type="checkbox"/> CONCUSSION | <input type="checkbox"/> SPRAIN |
| <input type="checkbox"/> CRAMPS _____ | <input type="checkbox"/> STRAIN |
| <input type="checkbox"/> DISLOCATION | <input type="checkbox"/> SUFFOCATION |
| <input type="checkbox"/> FAINTING | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> FRACTURE | _____ |
| <input type="checkbox"/> INTERNAL INJURY | _____ |

| INJURY TO | | |
|-------------------------------------|-----------------------------------|---------------------------------------|
| <i>Check all that apply</i> | | |
| <input type="checkbox"/> ABDOMEN | <input type="checkbox"/> FOOT L R | <input type="checkbox"/> RIBS L R |
| <input type="checkbox"/> ANKLE L R | <input type="checkbox"/> HAND L R | <input type="checkbox"/> SHOULDER L R |
| <input type="checkbox"/> ARM L R | <input type="checkbox"/> HEAD | <input type="checkbox"/> THIGH L R |
| <input type="checkbox"/> BACK L R | <input type="checkbox"/> HIP L R | <input type="checkbox"/> TOE L R |
| <input type="checkbox"/> CHEST L R | <input type="checkbox"/> KNEE L R | <input type="checkbox"/> TOOTH |
| <input type="checkbox"/> EAR L R | <input type="checkbox"/> JAW | <input type="checkbox"/> WRIST L R |
| <input type="checkbox"/> ELBOW L R | <input type="checkbox"/> LEG L R | |
| <input type="checkbox"/> EYE L R | <input type="checkbox"/> MOUTH | |
| <input type="checkbox"/> FACE | <input type="checkbox"/> NECK | |
| <input type="checkbox"/> FINGER L R | <input type="checkbox"/> NOSE | |

| ACTION TAKEN |
|--|
| <input type="checkbox"/> First aid (describe action taken) _____ |
| <input type="checkbox"/> Injured patron went to UHS by him/herself |
| <input type="checkbox"/> Transported to UHS by _____ |
| <input type="checkbox"/> Ambulance called by _____ |
| <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Injured declined first aid |
| _____ patron signature |
| _____ date/time |

| STAFF SUPERVISION |
|---------------------------------|
| INJURY CARE SUPERVISOR |
| OR EMT _____ |
| _____ |
| STAFF _____ |
| _____ |
| OFFICIALS _____ |
| _____ |
| REPORT PREPARED BY _____ |
| _____ |