

-Sam Houston State University-
RECREATIONAL SPORTS
INJURY REPORT

Day _____ Date _____ Time _____ AM PM

Participant Information:

Name _____ Sam ID # _____

Address _____ Local Phone _____

Gender: _____ Male _____ Female _____ Age _____

Classification: _____ Student _____ Faculty/Staff _____ Other (Specify) _____

Activity:

_____ Informal Recreation _____ Intramural Sports (Specify) _____

_____ Academic Class _____ Club Sports (Specify) _____

_____ Other (Specify) _____

Location:

_____ HKC Court # _____ Johnson Coliseum _____

_____ HKC Indoor Track _____ Pritchett Field Complex _____

_____ HKC Multi-Purpose Room _____ Pritchett Track _____

_____ HKC Racquetball Court # _____ Estill Hall Pool _____

_____ HKC Weight Room _____ White Hall Pool _____

_____ Intramural Field # _____ Other (Specify) _____

Part of Body Injured:

_____ Head _____ Neck _____ Hand: L R _____ Ankle: L R

_____ Ear: L R _____ Arm: L R _____ Finger _____ Foot: L R

_____ Eye: L R _____ Elbow: L R _____ Abdomen _____ Knee: L R

_____ Mouth _____ Shoulder: L R _____ Back _____ Leg: L R

_____ Nose

Description of Injury:

Action Taken:

First Aid By: _____ Treatment: ___ Band-Aid ___ Ice ___ None ___ Other _____

University Police Notified: _____ Yes _____ No

Participant Sent To: _____ Home _____ Student Health Center _____ Hospital _____ Other _____

Transportation: _____ Private Vehicle _____ Ambulance _____ Other _____

Refusal of Care:

Was treatment refused? Yes No Was EMS Service refused? Yes No

I have been advised by an employee of the Dept. of Recreational Sports that I should seek medical attention.

Signature of injured participant: _____ Date: _____

Witness of Accident:

Name (Print): _____ Signature: _____ Phone #: _____

Report Filed by: _____ Signature: _____ Date: _____

Report Approved by: _____ Title: _____ Date: _____