*-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:**