

Club Sports Injury Report - K



Department of Campus Recreation

Please Print Clearly In Ink

Full Name: _____	CWID: _____	Date: _____	Time: _____		
Address: _____					
Street	City	State	Zip		
Campus Residence		Box Number	Room Extension		
Cell Phone: _____	E-mail: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
University Status:	<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior	
	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Crest Associate	<input type="checkbox"/> Other: _____	
Affiliation:	<input type="checkbox"/> SOL	<input type="checkbox"/> SPP	<input type="checkbox"/> GSBM	<input type="checkbox"/> GSEP	<input type="checkbox"/> Seaver

1. Possible Type of Injury (specify if other): _____

- Blister Contusion Fracture Puncture Sprain
 Concussion Dislocation Laceration Strain Other (specify): _____

2. Body Part Injured: **Left** **Right**

- Ankle Ear Forearm Heel Mouth Shin Toe
 Bicep Elbow Forehead Hip Neck Shoulder Triceps
 Buttocks Eye Groin Jaw Nose Sternum Upper Back
 Calf Eyebrow Hamstring Knee Quadriceps Stomach Wrist
 Chest Finger Hand Lip Palm Tailbone Other: _____
 Collar Bone Foot Head Lower Back Ribs Throat _____

3. Specific description of how the injury occurred: _____

4. What care was provided and what action was taken for the injured person? _____

5. Location where injury occurred:

- Alumni Park: __Upper __Lower Outdoor Basketball Courts: __Track __Towers Tennis Courts
 Baseball Field Recreation Field Tennis Pavilion
 Firestone Fieldhouse Soccer Field Other: _____
 Intramural Field: __Upper __Lower Stotensberg Track _____

6. Program/Activity during which injury occurred:

- Club Sport Informal Recreation Outdoor Recreation Fitness Program Intramural Sports
 Other: _____

*Please continue on back

