



Regis University Wellness and Recreation Injury Report

Individual Filling Report: _____
Date: _____ Time: _____ AM PM

Date of Injury: _____ Time of Injury: _____ AM PM

Person Injured: _____	Student ID # (if applicable): _____
Local Address: _____	
Phone Number: _____	Gender: M F Chose not to say Age: _____
<input type="checkbox"/> RU Student <input type="checkbox"/> F/S <input type="checkbox"/> Paid Member <input type="checkbox"/> Guest (Day Pass) <input type="checkbox"/> Other: _____	

Activity

Group Fitness
 Personal Training
 Open Rec.
 Club Sports
 Intramural Sports
 General Fitness
 Climbing
 Other: _____

Describe in detail the occurrence that caused the injury:

Location Where Injury Occurred

Cardio Equipment
 Strength Training Area
 Climbing Wall
 Group Fitness/Stretching
 Field House
 Ranger Dome
 West Field
 Green Space/IMF
 Beach
 Quad
 Other: _____

Details of Injury

Suspected Type of Injury
 Burn
 Cut/Scrape
 Fracture/Sprain
 Poisoning
 Breathing Difficulty
 Head Injury
 Sudden Illness
 Bruise
 Other (please explain): _____

Did Individual Lose Consciousness?
 Yes
 No
Side of Body Injured
 Right
 Left

Location of Injury
 Head
 Neck
 Back
 Chest
 Ribs
 Face
 Eye
 Ear
 Finger
 Nose
 Lip
 Tongue
 Teeth
 Shoulder
 Arm
 Elbow
 Wrist
 Hand
 Hip
 Leg
 Knee
 Shin
 Ankle
 Foot
 Toe
 Other: _____

Description of how injury occurred: (specify events leading up to the accident/injury)

Collision w/ Object
 Collision w/ Person
 Equipment Related
 Hit by Projectile
 Fall
 Pre-existing
 Non-contact
 Unknown

Other Details:



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Immediate Action Taken

Care Administered by: _____

Position: _____

First Aid Rendered: (check all that apply)

- ___ Applied Ice ___ Stopped Bleeding ___ Cleaned Wound ___ Bandage
- ___ Immobilization ___ Elevated ___ Splinted ___ CPR ___ AED
- ___ Victim Self Care ___ None ___ Other: _____

Was First Aid received or refused? ___ Received ___ Refused

Injured Person's Signature for Refusal of Care: _____

Witness: _____

Further Care: (check all that apply)

- Was the individual advised to seek further medical attention? Yes No
- Was the individual advised to discontinue participation? Yes No
- Did the participant continue to participate? Yes No

Participant left the facility/area via:

- ___ Ambulance ___ Hospital w/ Friend ___ Hospital Alone ___ Home w/ Friend
- ___ Home Alone ___ Left Area, No Info

Witnesses

Witness 1: _____ Phone: _____ Email: _____

Witness 2: _____ Phone: _____ Email: _____

Follow-Up and Review of Injury

Injured Person Called By: _____

Date/Time of Follow-up: _____

Treatment Received After Leaving:

Status of Injury: _____

Comments: _____