Regis University Wellness and Recreation Injury Report

**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:** ______

____ RU Student  ____ F/S  ____ Paid Member  ____ Guest (Day Pass)  ____ 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: ______________

**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**

1. **Witness 1:** ___________________________ Phone: ___________________________ Email: ___________________________
2. **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:** __________________________________________