



CAMPUS RECREATION

Date of Incident _____

Time _____

Incident Report

Name: _____ Male Female
Last First M.I.

Date of Birth: ____/____/____ Age: ____ Student Faculty/Staff Guest

Phone: _____ Email: _____

Facility:

- Baierl Rec. Center Fitzg. Field House Trees Hall Other _____
- Bellefield Hall Intramural Fields Trees Pool
- Cost Center Outdoor Courts 24 Dorm Fitness **Room/Location:** _____

Type of Activity: Recreational Intramural Sports Club Sports Class

Nature of Incident:

- Abrasion Choking Dizziness Laceration Spinal
- Asthma Attack Concussion Fainting Nausea Sprain
- Bleeding Contusion Fracture Puncture Strain
- Cardiac Dislocation Heat Exhaustion Seizure Other

Body Part Injured:

- Abdomen Ear Foot Mouth Tooth
- Ankle Elbow Hand Neck Toe
- Arm Eye Head Nose Wrist
- Back Face Knee Ribs Other
- Chest Finger Leg Shoulder

Immediate Action Taken:

- 1) Police Called Yes No
- 2) First Aid Administered Yes No Refused
- 3) EMS Arrive Yes No
- 4) Transported to Hospital Yes No

Signature Required if Refusing Aid

Staff Providing Care:

Name _____ Phone _____ Email _____

Witness to Incident:

Name _____ Phone _____ Email _____

Staff Completing Report:

Name _____ Phone _____ Email _____

*** Submit completed form to supervisor * Report serious incidents to supervisor immediately**

Follow Up by Supervisor

Detailed Account of Incident:

Detailed Account of Care Provided:

Additional Comments:

Supervisor:

Name _____ Phone _____ Email _____

Title _____ Signature _____ Date _____