

Date: _____
Time: _____ a.m. p.m.

Santa Clara University
Campus Recreation
Injury Report Form

For Office Use Only Date Logged: _____ Initials: _____
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Please Print Clearly and Legibly

Name (of Injured): _____ ID Number: _____

Address or Residence Hall: _____ Phone No: _____

Status (check one): Student Faculty/Staff Malley Center Member Guest Other (specify) _____

FOR CAMPUS RECREATION STAFF ONLY

Type of Injury (check all that apply):

Cut Fracture Recurring Injury Sprain
 Dislocation Head Injury Other (specify) _____

Body Part Injured (i.e. right arm, left ankle): _____

Facility Where Injury Occurred (check one):

Bellomy Field Malley Ctr. Locker Rm. Sullivan Aquatic Center
 Degheri Tennis Center Malley Ctr. Multi-purpose Rm.
 Malley Ctr. Basketball Courts Malley Ctr. Weight Rm. Other (specify) _____

Program and Activity During Which Injury Occurred:

Club Sports (specify sport) _____
 Open Recreation (specify activity) _____
 Intramural Sports (specify sport) _____
 Fitness Class (specify class) _____
 Other (specify) _____

Description of How Injury Occurred: _____

What Care was Provided and What Action was Taken (i.e. ice, bandage, etc) – check box:

Ice Other (please specify) _____

Name of First Aid Provider: _____

Yes No Was Campus Safety notified?

If yes, Name of Officer Responding: _____ Case #: _____

Yes No Did Paramedics/Ambulance Respond?

Yes No Was the Injured Individual Advised to Seek Medical Treatment?

Yes No Was the Injured Individual Advised to Discontinue Participation?

Yes No Did the Injured Individual Continue to Participate?

How did the Injured Individual Leave the Facility? (check one): Campus Safety Self Other (specify): _____

Signature of Injured: _____ Date: _____

Signature of Person Filing Report: _____

Printed Name of Person Filing Report: _____

If Available, Witness Name: _____ Phone No.: _____