

UD Recreation Services Injury Report Form

Name of Injured: _____ Date: _____ Time: _____

Classification (circle): Student Employee Alumni Retiree Spouse Dependent Guest

Address: _____ Phone: _____

Class, Team, Organization (if any): _____ Activity or Sport: _____

Stated Injury

Abrasion
Bruise
Concussion
Cramps
Dislocation
Fracture
Heat Exhaustion
Nausea
Vomiting
Internal
Laceration
Sprain/Strain
Headache/Dizziness
Other _____

Injured Body Part

Head
Eye L/R
Ear L/R
Nose
Mouth
Neck
Shoulder L/R
Elbow L/R
Wrist L/R
Finger L/R _____
Chest/Ribs
Back
Abdomen
Hip L/R
Knee L/R
Ankle L/R
Toe L/R _____
Other _____

Location of Accident

Gym #1
Gym #2
Gym #3
Employee Fitness Center
Student Fitness Center
Racquet Court # _____
Pool/Pool Deck
Locker Room
Tennis Court
Frazier Field
Other _____

Other person(s) involved in accident: _____ Phone: _____
Print Name

Other person(s) involved in accident: _____ Phone: _____
Print Name

Accident details (how, why): _____

Were any rules or policies violated: Y N If yes describe: _____

Was the accident related to a facility factor: Y N If yes, why: _____

(over)

