UW-L Recreational Sports Injury Report

Name: _____ Date: _____ Time: _____

Student ID: _____ ☐ M ☐ F Student___ Staff___ Other___ D.O.B.: ___/___/___

Address: _____ Phone: _____

Location

Indoor Facilites

Mitchell Hall:
__ Gyms
__ Fieldhouse
__ Racquetball Court
__ Fitness Center
__ Other:_____

Rec:
__ Fieldhouse
__ Aerobics Room
__ Multipurpose Room
__ Martial Arts
__ Racquetball Court
__ Strength Center

Outdoor Facilities
__ VMSC Sports Fields
__ North Campus Fields
__ Other

Activity

__ Aerobics
__ Basketball
__ Dodgeball
__ Flag football
__ Floor hockey
__ Racquet Sports
__ Soccer
__ Ultimate Frisbee
__ Volleyball
__ Other:_____

Area of Participation

__ Intramural Sports
__ Open Recreation
__ Special Events
__ Spectator
__ Other:_____

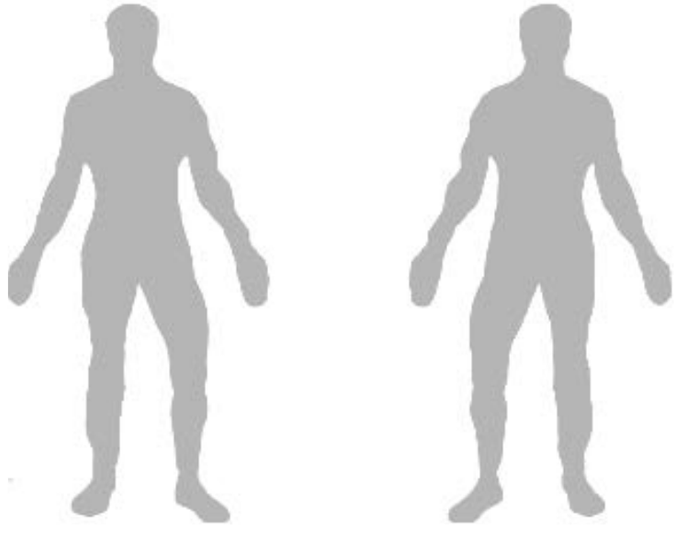
Part of Body:

__ Generalized
__ Skull/Scalp
__ Eye
__ Ear
__ Nose
__ Mouth
__ Tooth
__ Jaw
__ Neck
__ Spine
__ Chest
__ Lungs
__ Abdomen
__ Back
__ Pelvis
__ Shoulder
__ Upper Arm
__ Elbow
__ Forearm
__ Wrist
__ Hand
__ Finger
__ Hip
__ Thigh
__ Knee
__ Lower Leg
__ Ankle
__ Foot/Toe

☐ Right

☐ Left

Front ***Back***



Place an "X" at the site of injury

Witness **Student Identification Number**

1 _____ _____

2 _____ _____

FOR ATC USE ONLY:

Equipment _____ # _____

Details of Accident:_____

Immediate Action Taken:_____

Transportation: Check that applies

☐ EMS ☐ Self ☐ University Police ☐ Other _____
(i.e. friend, roommate, sibling, etc.)

Transportation Slip Handed Out ☐ Yes ☐ No

Name of Individual Filling Out Report:_____ Date _____

Follow Up (ATC use only) :_____

_____Staff:_____ Date:_____