

INTRAMURAL OR RECREATION INJURY REPORT

Full Name _____ Date of Injury _____

Address _____ Telephone _____

Department _____ Social Security # _____

Place of Injury _____

The above named (student, staff, guest, or other) was injured in:

Informal Intramural Sports Club
 Scheduled Recreational Activity

| Circle LOCATION and TYPE of Injury | | | | | |
|------------------------------------|----------|---------|----------|--------|--------|
| Eye | Ear | Nose | Mouth | Cut | Bruise |
| Chest | Back | Stomach | Fracture | Sprain | Other |
| Groin | Shoulder | Elbow | CLARIFY: | | |
| Wrist | Finger | Thigh | | | |
| Knee | Ankle | Foot | | | |
| Right | Left | | | | |

Time of injury _____

Time injury reported _____

Disposition (by ambulance, etc.) _____

Give detailed report of action causing injury

(Circle if appropriate):

Self-inflicted Offense Defense Physical Contact Falling Jumping

Number of others injured in this accident _____

Immediate disposal in injury, first aid, medical attention, hospitalization, etc. Please give in detail.

By whom handled _____

Any unusual circumstances _____

- WHITE - Director of Athletics
- BLUE - Chief-Campus Police
- GREEN - Executive Director Student Services
- CANARY - Safety Officer
- PINK - Student Health Services
- GOLD - Injured Person