

Samford University Campus Recreation Injury Report

Name _____ Date _____ Time _____ To Whom Accident Reported _____
 Student ID # _____ Student _____ Staff _____ Other _____ Sex ___M ___F D.O.B. ___/___/___
 Address _____ Phone _____

Location

Indoor Facilities

- Seibert Gym: Gym
 Dance Studio
 Pool
 Weight room (cage)
 Smart Lab
 Varsity Weight room
 Class room # _____
 Other _____

- Bash Fieldhouse: Gym
 Track
 Racquetball Court # _____

Outdoor Facilities

- Seibert Stadium
 IM Field
 Soccer Field
 High Point Area
 Softball Field
 Other? Do Specify.

Area of Participation

- Intramural Sports
 Open Recreation
 Special Event
 Spectator
 Open Climb
 Other

Part of Body Injured: Right Left

- | | |
|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Generalized | <input type="checkbox"/> Shoulder |
| <input type="checkbox"/> Skull/Scalp | <input type="checkbox"/> Upper Arm |
| <input type="checkbox"/> Eye | <input type="checkbox"/> Elbow |
| <input type="checkbox"/> Ear | <input type="checkbox"/> Forearm |
| <input type="checkbox"/> Nose | <input type="checkbox"/> Wrist |
| <input type="checkbox"/> Mouth | <input type="checkbox"/> Hand |
| <input type="checkbox"/> Tooth | <input type="checkbox"/> Finger |

Type of Injury:

- | | |
|---|---|
| <input type="checkbox"/> Abrasion | <input type="checkbox"/> Heart |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Heat Exhaustion/Stroke |
| <input type="checkbox"/> Bleeding | <input type="checkbox"/> Inhalation/Fumes/Gases |
| <input type="checkbox"/> Bruise/Contusion | <input type="checkbox"/> Intoxication (Alcohol/Drugs) |
| <input type="checkbox"/> Burn/Scald | <input type="checkbox"/> Laceration |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Poisoning |
| <input type="checkbox"/> Cramps | |