UNIVERSITY of HOUSTON
DIVISION OF STUDENT AFFAIRS
Department of Campus Recreation

Accident/Injury Report

REPORT DATA	Date:	Time of Injury: am / pm
PERSONAL DATA	Name of Injured:	☐ Female ☐ Male Age:

ID:_____________________ **Phone** ___________________ **Address:**____

Email:____ ____

Classification: ☐ Student ☐ Faculty ☐ Staff ☐ Public ☐ Guest (include sponsor information below) ☐ Other _______________

Name of Sponsor: ________________________ ID:____________________

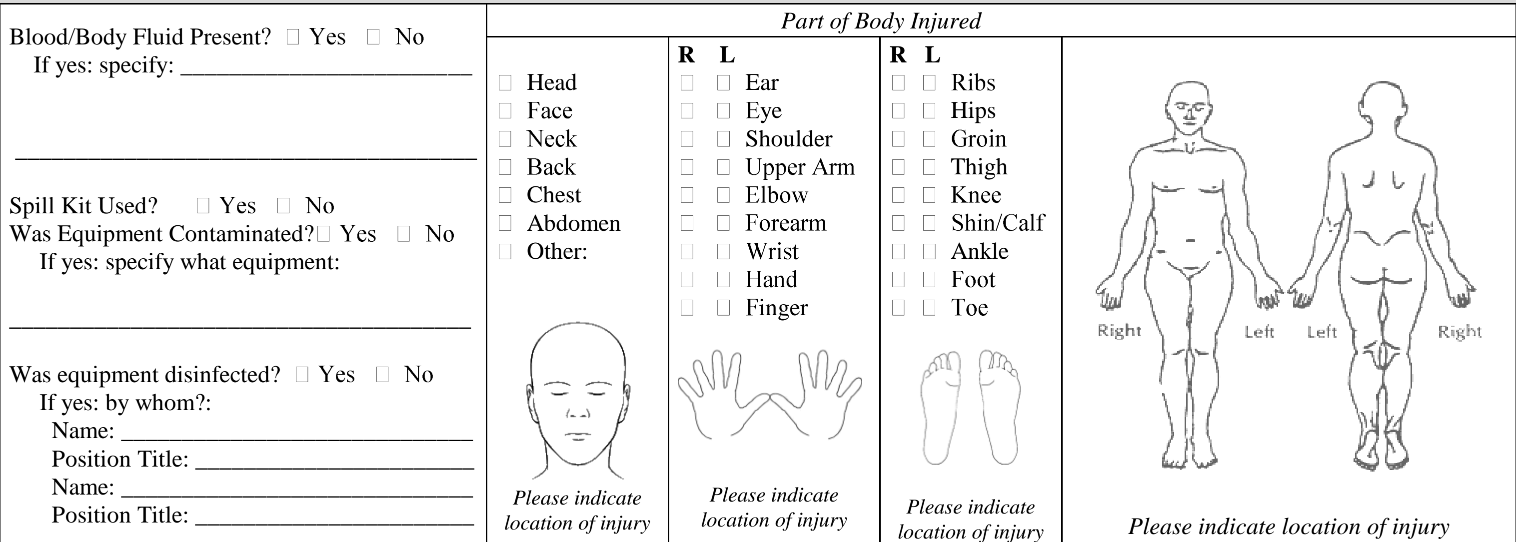
LOCATION OF ACCIDENT

☐ Rotunda	☐ MAC	☐ Natatorium	☐ Fitness Zone	☐ CRWC Fields & Track
☐ Cubbie Corner	☐ Center Court #_____	☐ Leisure Pool	☐ Jogging Track	☐ IM Fields #____
☐ Climbing Area	☐ Main Court #_____	☐ Family Changing Room	☐ MP Room #____	☐ Other:
	☐ Racquetball/Squash Court # ____	☐ Locker Rooms	☐ Martial Arts Room	

PROGRAM AREA OF PARTICIPATION – *Include Specific Activity in Space Provided*

☐ Aquatics ____________________________	☐ Intramural Sports ________________	☐ Child Care _______________________
☐ Outdoor Adventure ____________________	☐ Sports Clubs ____________________	☐ Open Recreation __________________
☐ Fitness and Aerobics __________________	☐ Rentals ______________________________	☐ Other: _

INJURY DATA



Blood/Body Fluid Present? ☐ Yes ☐ No
If yes: specify: _________________________
____

Spill Kit Used? ☐ Yes ☐ No
Was Equipment Contaminated?☐ Yes ☐ No
If yes: specify what equipment:
____

Was equipment disinfected? ☐ Yes ☐ No
If yes: by whom?:
Name: _____________________________
Position Title: _______________________
Name: _____________________________
Position Title: _______________________

Part of Body Injured

	R L	R L
☐ Head	☐ ☐ Ear	☐ ☐ Ribs
☐ Face	☐ ☐ Eye	☐ ☐ Hips
☐ Neck	☐ ☐ Shoulder	☐ ☐ Groin
☐ Back	☐ ☐ Upper Arm	☐ ☐ Thigh
☐ Chest	☐ ☐ Elbow	☐ ☐ Knee
☐ Abdomen	☐ ☐ Forearm	☐ ☐ Shin/Calf
☐ Other:	☐ ☐ Wrist	☐ ☐ Ankle
	☐ ☐ Hand	☐ ☐ Foot
	☐ ☐ Finger	☐ ☐ Toe

Please indicate location of injury (head) · *Please indicate location of injury* (hands) · *Please indicate location of injury* (feet) · *Please indicate location of injury* (body)

AVPU:

Was victim Alert?	☐ Yes ☐ No	Was the victim in Pain?	☐ Yes ☐ No
Was victim Verbal?	☐ Yes ☐ No	Was the victim Unconscious?	☐ Yes ☐ No

Please describe the injury and care provided in as much detail as possible:

→ State FACTS only. (Ex: "Patron's left ankle is swollen, misshapen, and twisted to the left." NOT "Patron's left ankle is broken.")

____
____
____
____

Please describe the events leading to the injury in as much detail as possible:

____
____
____
____
____

Complete both sides

-Please attach, sign, and date additional pages if more space is necessary to describe injury or events-

FURTHER CARE – *Check all that apply*		
Section 1 ☐ Patron Refused Care ☐ EMS Summoned *(Fill out Section 2)* ☐ Ambulance to Hospital *(Fill out Section 2* ☐ UH Police *(Fill out Section 3)* ☐ Returned to Activity ☐ Left on Own (unassisted) ☐ Left with Friend/Other ☐ UH Health Center ☐ Recommended to seek Medical Treatment	*Section 2* Name(s) of EMS Personnel: ________________ ____ ID #(s): ________________________________ Name of Hospital: ________________________ Hospital Phone #: ________________________ Person accompanying injured patron: ________ ____ Phone #:	*Section 3* Name(s) of Responding Officer(s): _____________ ____ Badge #(s):______________________________ Phone #: _________________________________ Indicate action taken: ☐ Injured patron left with UHPD ☐ Injured patron left on own ☐ Other:

WITNESS 1		
______________________________ *Printed Name* ______________________________ *Signature*	*Address* ______________________________ ______________________________ ______________________________ *ID #:*___________________________	______________________________ *Phone* ______________________________ *Email*
Relation to Patron: ☐ Friend ☐ Roommate ☐ Spouse/Partner ☐ Family Member ______________ ☐ No previous relation ☐ Other: ______________________________		*Campus Recreation staff:* ☐ Yes ☐ No ☐ Former staff
Account of What Happened:		

WITNESS 2		
______________________________ *Printed Name* ______________________________ *Signature*	*Address* ______________________________ ______________________________ ______________________________ *ID #:*___________________________	______________________________ *Phone* ______________________________ *Email*
Relation to Patron: ☐ Friend ☐ Roommate ☐ Spouse/Partner ☐ Family Member ______________ ☐ No previous relation ☐ Other: ______________________________		*Campus Recreation staff:* ☐ Yes ☐ No ☐ Former staff
Account of What Happened:		

Staff Providing Care: ______________________________ **Position Title:** ______________________________ **Date:**__________

Staff Providing Care: ______________________________ **Position Title:** ______________________________ **Date:**__________

Staff Completing Report: ___________________________ **Position Title:** ______________________________ **Date:**__________

Phone: ______________________________ **Email Address:** ______________________________

Office Follow-up recommended? ☐ Yes ☐ No

OFFICE DATA	Date of Follow-Up:	Staff Name:

Follow-Up Comments:

SAFETY COORDINATOR:	**DATE:**
ASSOCIATE DIRECTOR OF FACILITIES:	**DATE:**
DIRECTOR:	**DATE:**