Viterbo University Sport Clubs Injury Report

Name_____ Date_____ Time_____ Club Name_____
ID #_____Student ___Staff ___Other_____ Sex: M___F___ D.O.B. ___/___/___
Address_____ Phone_____

Location

Mathy Center: __ Gyms
__ Multipurpose Room
__ Fitness Center
__ Other _____

__ Outdoor Athletic Complex

__ Off-Campus
*Provide location information below.

Area of Participation

__ Game
__ Practice
__ Spectating
__ Other

Part of Body Injured: __ Right __ Left

__ 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

Type of Injury:

__ Abrasion
__ Amputation
__ Bleeding
__ Bruise/Contusion
__ Burn/Scald
__ Concussion
__ Cramps
__ Dislocation
__ Fainting
__ Foreign Body
__ Fracture
__ Frostbite
__ Other _____
__ Heart
__ Heat Exhaustion/Stroke
__ Inhalation/Fumes/Gases
__ Internal Injury
__ Laceration
__ Poisoning
__ Scratches
__ Shock
__ Sprain
__ Strain
__ Suffocation

Details of Accident _____
_____
_____
_____

Immediate Action Taken _____
_____
_____
_____

Witness University ID Number
1. _____
2. _____

Name of Individual Filling Out Report:_____Date_____

*******This form needs to be returned to the Amie L. Mathy Center within 48 hours of the injury*******