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

__ 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 Date
1. _____
2. _____

Name of Individual Filling Out Report Date