*Arkansas State University-Jonesboro*

CLUB SPORTS

**INJURY REPORT**



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Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_ AM/PM

**Participant Information:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ASU ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_Male \_\_\_\_ Female Age \_\_\_\_\_\_

Classification: \_\_\_\_ Student \_\_\_\_ Faculty/Staff \_\_\_\_\_ Guest \_\_\_\_ Other

**Activity:**

\_\_\_\_ Club Sport (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_ Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Location:**

\_\_\_\_ Rugby Field \_\_\_\_ IM Complex Field # \_\_\_\_ \_\_\_\_ Red WOLF Center

\_\_\_\_ Basketball Courts \_\_\_\_ SFB Field #\_\_\_\_ \_\_\_\_ Fitness Room

\_\_\_\_ Multi-Purpose Room \_\_\_\_ Track \_\_\_\_ MAC Gym

\_\_\_\_ Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part of Body Injured**

\_\_\_ Head \_\_\_ Neck \_\_\_ Hand: L R \_\_\_ Ankle: L R \_\_\_ Mouth

\_\_\_ Ear: L R \_\_\_ Arm: L R \_\_\_ Finger \_\_\_ Foot: L R \_\_\_ Shoulder: L R

\_\_\_ Eye: L R \_\_\_ Elbow: L R \_\_\_ Abdomen \_\_\_ Knee: L R \_\_\_ Back

\_\_\_ Nose \_\_\_ Leg: L R \_\_\_ Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description of Injury**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Action Taken**

**First Aid By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Treatment: \_\_\_\_\_\_** Band-Aid \_\_\_\_\_ Ice \_\_\_\_\_ None \_\_\_\_\_ Other(Specify)

**University Police Notified:** \_\_\_\_Yes \_\_\_\_No **Participant sent to:** \_\_\_\_ Home \_\_\_\_Student Health Center \_\_\_\_Hospital

**Transportation:** **\_\_\_\_** Private Vehicle \_\_\_\_\_ Ambulance \_\_\_\_\_\_ Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***I have been advised by the below employee of Arkansas State University that I should seek medical attention.***

**Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ASU ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Report Filed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ASU ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**