

Lafayette College Recreation Services

Incident Report Form

VEHICULAR ACCIDENT

PERSONAL INJURY

COMPLAINT

INCIDENT OCCURRED TO:

NAME: _____ AGE: _____ PHONE: _____

WERE OTHERS INJURED? YES NO IF YES, WHO? _____ PHONE: _____

WITNESS: NAME: _____ PHONE: _____

INCIDENT:

DAY: _____ DATE: _____ TIME OF INCIDENT: _____ LOCATION: _____

AREA OF PARTICIPATION: INTAMURALS INFORMAL REC FITNESS ROCK WALL
 SPORT CLUB please identify _____ OTHER

DESCRIPTION OF WHAT HAPPENED: _____

NATURE OF SUSPECTED INJURY:

- BLEEDING (LACERATION OR ABRASION)
- DISLOCATION /FRACTURED BONE
- BRUISE
- STRAIN TO A JOINT
- STRAIN TO A MUSCLE
- OTHER _____

PART OF BODY INJURED:

- FOOT/ ANKLE L R
- KNEE L R
- LEG/ THIGH L R
- ARM/ SHOULDER L R
- HAND/ WRIST L R
- FINGER
- JAW/ TOOTH
- NOSE
- HEAD/ FACE
- OTHER _____

ACTION TAKEN: (Check all that apply)

- FIRST AID ADMINISTERED BY _____
- TRANSPORTED TO THE HOSPITAL BY _____
- TRANSPORTED TO THE HEALTH CENTER BY _____
- OTHER ACTION _____

VICTIM REFUSED: ATTENTION FIRST AID HOSPITAL
VICTIM'S SIGNATURE: _____ DATE: _____

PERSON REPORTING: NAME: _____ DATE: _____

THIS SECTION TO BE COMPLETED BY THE DIRECTOR OF RECREATION SERVICES OR MEDICAL PERSONNEL INVOLVED

DATE: _____ FOLLOW-UP: _____ BY WHOM? _____

CLEARED FOR ACTIVITY? YES DATE: _____ COMMENTS: _____

CLEARED FOR ACTIVITY? NO INSTRUCTIONS? _____

DATE: _____ FOLLOW-UP: _____ BY WHOM? _____