



University of Cincinnati

# Student Activities & Leadership Development

*Club Sports Board*

## Accident / Injury Report

Name: \_\_\_\_\_

M#: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Age: \_\_\_\_\_

Sex:  Male/  Female/  Other

Status:  Student  Staff  Faculty  Coach  Advisor  Visitor  Other (specify): \_\_\_\_\_

Describe how the accident/injury occurred (describe events, actions, conditions, which may have contributed to injury, report only the facts). For example: Fell on left upper arm.

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

### Location of Accident:

- Campus Recreation Center  Leisure Pool  Lap Pool  Campus Rec Center Basketball Courts
- Men's Locker Room  Women's Locker Room  Fitness Center Classroom (#\_\_\_\_\_)
- Racquetball Ct (#\_\_\_\_)  Jogging Track  Climbing Wall  On Campus Field (specify \_\_\_\_\_)
- Off Campus Location, please describe, including address:

\_\_\_\_\_

First Aid was Administered by: \_\_\_\_\_ Building/Aquatic Supervisor on Duty: \_\_\_\_\_

Describe First Aid given in detail:

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

Action Taken: check *whichever number is representative*

- 1. Refusal of Aid: I \_\_\_\_\_ am refusing aid from any staff on duty at location of incident.
- 2. No treatment was given and participant was returned to action.
- 3. Staff provided treatment and the participant remained at site.
- 4. Staff provided treatment and advised participant to seek additional medical attention.
- 5. Staff provided treatment and a friend took participant to seek additional medical attention.
- 6. Staff provided treatment and participant was transported to hospital by ambulance.

Was EMS called:  Yes /  No

Time EMS called: \_\_\_\_\_

Time EMS arrived: \_\_\_\_\_

Were there any body fluids present? Yes / No blood, vomit, urine, feces or other \_\_\_\_\_

If yes, answer the following:

- 1. Were latex gloves worn?  Yes /  No If No, Why? \_\_\_\_\_
- 2. Was the area disinfected?  Yes /  No
- 3. Was waste discarded into a biohazard bag?  Yes /  No
- 4. Was anyone exposed to the body fluids?  Yes /  No

If yes, who? \_\_\_\_\_

Witness(s) Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Statement:

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Witness(s) Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Statement:

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**Call 9-1-1 if accident / injury is life threatening.**