

| | |
|---------------------------|-------------------|
| Individual Filing Report: | _____ |
| Date: _____ | Time: _____ AM PM |

Date of Injury: _____ Time of Injury: _____ AM PM
 Person Injured: _____ ID #: _____
 Local Address: _____ Phone #: _____
 Gender: M _____ F _____ Age: _____
 W&M Student _____ F/S _____ F/S Spouse _____ Privilege Card _____ Guest _____ Other _____

Activity
 _____ Aquatics _____ Group Fitness _____ Open Rec. _____ Sport Club _____ Personal Training
 _____ Outdoor Rec. _____ IM Sports _____ Special Event _____

Describe (in detail) the occurrence that caused the injury: _____

Location Where Injury Occurred

| | | | |
|-----------------------|-------------------------|---------------------------------|------------------------------|
| _____ Adair Gym | _____ Cardio Room | _____ Gymnastics Room | _____ Miller Gym Ct. _____ |
| _____ Adair Pool | _____ Climbing Wall | _____ IM Field | _____ Millie West Tennis Cts |
| _____ Barksdale Field | _____ Erg Room/Big MAC | _____ MAC | _____ Rec. Tennis Cts |
| _____ Busch Grass | _____ Group Fit. Studio | _____ Multi-Purpose Studio | _____ SRC Pool |
| _____ Busch Turf | _____ Fencing Room | _____ Other (be specific) _____ | |

Suspected Type of Injury _____ Burn _____ Cut/Scrape _____ Fracture/Sprain _____ Poisoning
 _____ Breathing Difficulty _____ Drowning _____ Head Injury _____ Sudden Illness
 _____ Bruise _____ Other (please explain) _____

Did individual lose consciousness? _____ Yes _____ No

Side of Body Injured _____ Right _____ Left

Location of Injury _____ Abdomen _____ Ear _____ Foot/Toes _____ Hip _____ Nose
 _____ Ankle _____ Eye _____ Groin _____ Knee _____ Shoulder
 _____ Arm/Elbow _____ Face _____ Hand _____ Leg _____ Tooth
 _____ Back/Neck _____ Finger _____ Head _____ Mouth _____ Wrist
 _____ Chest/Rib _____ Other (please explain) _____

Was First Aid received or refused? _____ Received _____ Refused

Injured Person's Signature for Refusal of Care: _____
Witness: _____

Describe in detail all care given (include name of person(s) giving care.) Use additional sheets if needed _____

Emergency Activation: Yes _____ No _____ AED Used? Yes _____ No _____
 Emergency Activation by: _____ Phone (911) _____ Blue Phone _____ Time of Activation: _____ AM PM
 Time W&M Police Arrived: _____ AM PM Officer(s) Name and Badge No: _____
 Time Fire / Rescue Arrived: _____ AM PM Fireperson(s) Name: _____
 Paramedic(s) Name: _____
 Victim Transported to Emergency Facility or Student Health Center? _____ Yes _____ No
 If yes, where? _____ By? _____

If the individual was not transported to an emergency facility, did they:

_____ Return to activity (Witnessed by _____ Date _____ Time _____)

_____ Remain onsite without participating in activity

_____ Leave site with friend or other individual (name of person) _____

Administrative Notification: Supervisor _____ Time _____

(in the event of immediate hospitalization) Other _____ Time _____

Witness Information

Witness #1 Name: _____

Full Address: _____

Affiliation (Student, F/S, Other) _____

Contact Phone Number(s): _____

Witness #2 Name: _____

Full Address: _____

Affiliation (Student, F/S, Other) _____

Contact Phone Number(s): _____

Victim's Signature: _____ Date: _____

Witness #1 Signature: _____ Date: _____

Witness #2 Signature: _____ Date: _____

Signature of individual completing report (name and title): _____

FOLLOW-UP AND REVIEW OF INJURY

Injured person called by: _____

Date/Time of Follow-up: _____

Treatment Received after leaving: _____

Status of injury: _____

Post Review Comments: _____

Police Report # (if applicable): _____

Reviewed by: _____ Graduate Assistant/Intern _____ Associate Director

(note date reviewed) _____ Assistant Director _____ Director

Database Record No.: _____ Database Entry date: _____ Entered by: _____