

DREXEL UNIVERSITY – DEPARTMENT OF ATHLETICS- RECREATIONAL ATHLETICS
ACCIDENT / INJURY REPORT FORM

INJURED PARTY INFORMATION:

Last Name: _____ First Name: _____
Phone Number: _____ Campus Phone: _____
University ID#: _____
Address: _____ City/State/Zip: _____

Drexel Status:

- Undergraduate Student Grad Student Faculty Staff Alumni
 Other (member, guest etc), specify _____

INJURY INFORMATION:

Date of Injury: _____ Time of Injury: _____
Location (please be specific- e.g.: North Gym, Squash Court, etc.): _____
Type of Activity (at time of injury- e.g.: Basketball, Group Fitness, etc): _____

DESCRIPTION OF SITUATION - USE COMPLETE SENTENCES

(Please identify as fully as possible the events leading up to and the specific circumstances at the time of the accident/injury)

PART OF BODY INJURED: (check if Applicable)

- Right Left Ankle Arm Back Ear Elbow Eye Face Finger Foot Groin Hand
 Head Hip Knee Leg Mouth Neck Nose Shoulder Toe Torso Wrist _____
DESCRIBE IN GREATER DETAIL (e.g. inside of left ankle, back of right hand, tip of left index finger)

WAS FIRST AID ADMINISTERED?

___ Yes ___ No

Who administered treatment? _____ Role: _____

- First Aid actions taken: Applied Ice Applied band aid/bandage Applied pressure to stop Bleeding CPR
 Kept Immobile/applied splint Elevated injury Other _____

DESCRIBE IN GREATER DETAIL ANY FIRST AID ADMINISTERED:

Please list any other action:

- Returned to play
 Sent to Student Health Services
 Rec./Varsity Trainer Attended injured party
 Drexel Public Safety/medical escort called
 EMT/Ambulance called; Emergency Room, please name hospital _____
 Family/friend escorted party out of facility
 Other _____

Please explain any of the above actions taken, including timeline of when help called; who called; arrival time of help, any problems/concerns; who else helped situation (staff involved, etc)

Was blood present?

- Yes
- No

If yes, check the areas/persons the blood was in contact with:

- Injured parties clothing
- Equipment
- Staff member
- Participants
- Floor
- Other _____

Blood Policies Checklist

Please identify each person coming in contact with blood and their function (staff, participation, spectator, etc.)

Name	Function	Phone Numbers
_____	_____	_____
_____	_____	_____

Did staff use gloves when coming in contact with blood? ___Yes ___No

Please complete the following checklist:

- Call Unicco/Security to report blood
- Clean area with paper towels & appropriate spray/disinfectant
- Trash/gloves/any blood stained items- placed in red biohazard bag
- Biohazard bag disposed of in designated biohazard bin

List name (s) of person (s) who performed the above actions:

For use of Office of Recreational Athletics:

Date form completed: _____ **Time:** _____

Completed By: **Name:** _____ **Phone#:** _____
Position: _____

Witnesses: **Name:** _____ **Phone#:** _____
Name: _____ **Phone#:** _____

If not taken, please state why _____

PROFESSIONAL STAFF-REPORT REVIEWED BY:

Name: _____ **Date:** _____

Follow-Up

Call log (to be initiated by Rec Staff on day after accident/injury)

Attempt #1: Date _____ Time: _____ Staff: _____
 Attempt #2: Date _____ Time: _____ Staff: _____
 Attempt #3: Date _____ Time: _____ Staff: _____

Status of Injured Party:

- Participant is fine now – no complications
- Participant is fine now, but reports _____
- Participant has not been to a doctor but has an appointment or is planning to see a doctor soon.

The accident was serious enough to warrant additional medical attention at:

- Student Health Services Hospital Physician’s office/Urgent Care Center Other _____
- Unknown – left messages, but injured participant never called back.
- Unknown – unable to contact injured participant. Reason: _____