

SBU Campus Recreation/Intramural and Club Sports

INJURY REPORT

\_\_\_\_\_  
Date This Report Completed      Staff Person Writing This Report      Report Writer's Signature

\_\_\_\_\_  
Date & Time Injury Occurred      Person Who Reported The Injury      Injury Occurred @(bldg/Rm/Field)

\_\_\_\_\_  
Name of Person Injured      Injured Person's I.D. Number      Injured Person is (stu, fac, staff,)

\_\_\_\_\_  
Injured Person Campus/Off Campus Address      Injured Person's Campus/Off Campus Phone #

**Injured Person is a:** < > Male   < > Female      Birth Date of Injured Person: \_\_/\_\_/\_\_

The injury occurred while the participant was involved in this type of activity:  
(Place a check-mark in the appropriate area)

- < > **Intramural Program** (formally organized contest with officials and supervisors)
- < > **Informal Recreation** (weight training, pick-up games)
- < > **Aerobics Program** (led by SBU Aerobics Instructor)
- < > **Club Sport Activity** (practice, home/away contests by an officially recognized club sport)

Place of injury:  
( ) Richter Center      ( ) Reilly Center      ( ) Athletic Fields      ( ) Other.....explain

Below, please describe the injury:      Include:  
1. How injury occurred      2. Body Parts Injured      3. Severity of Injury

Below, please describe the aid given:      Include:  
1. Who gave the aid?      2. What aid was given?      3. Was security/MERT called

4. Was Ambulance called.

Please list the names, addresses, and telephone numbers of all individuals who witnessed the injury (use back of this page if necessary)