UCF RECREATION AND WELLNESS CENTER

INJURY REPORT

PART I: DEMOGRAPHICS

NAME: ______________________ **PID:** ______________ **Team/Club:** ____________

PHONE: ______________________ **Date of Birth:** ___/___/___ **Gender:** ☐ Male ☐ Female

Date injury/illness occurred: ___/___/___

Time Occurred_______AM/PM **Time Reported**_______AM/PM **Time Treated**_______AM/PM

PART II: INJURY/ILLNESS INFORMATION (all information completed by first responding employee)

Location injury/illness occurred:

☐ RWC Court # __________ ☐ RWC Cardio Area ☐ Lap Pool ☐ RWC Weight Room Floor
☐ RWC Group Exercise Room ☐ RWC Spinning Studio ☐ Leisure Pool ☐ RWC Climbing Tower
☐ IM Turf Field # ________ ☐ Softball Field # _____ ☐ SC Field ☐ Challenge Course
☐ IM Grass Field ☐ Ferrell Auditorium ☐ Tennis Courts ☐ Lake Claire
☐ **Other (be specific):** ____________________

Activity that injury/illness occurred during:

☐ Intramural Sports (sport) ____________________ ☐ Outdoor Adventure (activity) ____________________
☐ Group Exercise (class) ____________________ ☐ Sport Club (practice/competition) ____________________
☐ Cardio/Weight (type) ____________________ ☐ Aquatics (activity) ____________________
☐ **Other (be specific)** ____

Attended by: ____

Suspected nature of injury or illness (indicate specific body part, right/left, front/back, etc.): ________________

____

Description of how accident occurred (note any unusual circumstances): ________________

____

____

____

Action taken or treatment given (by whom): ____

____

____

I am refusing emergency services that have been offered to me by the University of Central Florida, Recreation and Wellness Center staff.

Signature: ______________________________

______________________ ______________________ ____________
Employee Name Employee Signature Date

Updated 10/2008

PART III: FOLLOW-UP

CALL LOG – Please complete within seven days

Attempt #1: Date ___/___/___ Time ___________
☐ Left Message ☐ Spoke with injured party ☐ No Answer

Attempt #2: Date ___/___/___ Time ___________
☐ Left Message ☐ Spoke with injured party ☐ No Answer

Attempt #3: Date ___/___/___ Time ___________
☐ Left Message ☐ Spoke with injured party ☐ No Answer

Attempt #4: Date ___/___/___ Time ___________
☐ Left Message ☐ Spoke with injured party ☐ No Answer

STATUS OF INJURED PERSON

Actual type of injury/illness: ____

____

☐ The injured person is fine. No complications.

☐ Status of injured person is unknown. Staff was unable to contact the injured person after 4 attempts.

☐ The injury required additional medical attention. The injury was diagnosed and treated as ____________________

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ADDITIONAL INFORMATION ____

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______________________________ ___/___/___
Activity Coordinator Signature Date

PART IV: REVIEW

______________________________ ___/___/___
RWC Athletic Training Coordinator Date

______________________________ ___/___/___
Departmental Administrator Review Date

Updated 10/2008