

Club Sports Injury & Incident Report

Club Sport:	Coach:
<input type="checkbox"/> Pre-Season	<input type="checkbox"/> Practice
<input type="checkbox"/> Game	<input type="checkbox"/> Conditioning
<input type="checkbox"/> Non-athletic	

Name of Club Sport Student:	Date of Incident:
College ID #:	Time of Incident:
E-mail Address:	Location of Incident:
Cell Phone or Home #:	<input type="checkbox"/> Male <input type="checkbox"/> Female Age:

Location of Injury

Body Part

1	Right	<input type="checkbox"/>	1	Head	<input type="checkbox"/>	11	Shoulder	<input type="checkbox"/>	21	Hip	<input type="checkbox"/>
2	Left	<input type="checkbox"/>	2	Face	<input type="checkbox"/>	12	Upper Arm	<input type="checkbox"/>	22	Groin	<input type="checkbox"/>
3	Bilateral	<input type="checkbox"/>	3	Nose	<input type="checkbox"/>	13	Elbow	<input type="checkbox"/>	23	Thigh	<input type="checkbox"/>
4	Proximal	<input type="checkbox"/>	4	Eye	<input type="checkbox"/>	14	Forearm	<input type="checkbox"/>	24	Knee	<input type="checkbox"/>
5	Distal	<input type="checkbox"/>	5	Ear	<input type="checkbox"/>	15	Wrist	<input type="checkbox"/>	25	Patella	<input type="checkbox"/>
6	Anterior	<input type="checkbox"/>	6	Mouth	<input type="checkbox"/>	16	Hand	<input type="checkbox"/>	26	Lower Leg	<input type="checkbox"/>
7	Posterior	<input type="checkbox"/>	7	Neck	<input type="checkbox"/>	17	Thumb	<input type="checkbox"/>	27	Ankle	<input type="checkbox"/>
8	Medial	<input type="checkbox"/>	8	Thorax	<input type="checkbox"/>	18	Finger	<input type="checkbox"/>	28	Foot	<input type="checkbox"/>
9	Lateral	<input type="checkbox"/>	9	Upper Back	<input type="checkbox"/>	19	Skin	<input type="checkbox"/>	29	Toes	<input type="checkbox"/>
10	Other	<input type="checkbox"/>	10	Lower Back	<input type="checkbox"/>	20	Abdomen	<input type="checkbox"/>	30	Other	<input type="checkbox"/>

Nature of Injury

1	Abrasion	<input type="checkbox"/>	6	Dislocation	<input type="checkbox"/>	11	Laceration	<input type="checkbox"/>	16	Hip	<input type="checkbox"/>
2	Avulsion	<input type="checkbox"/>	7	Fracture, Open	<input type="checkbox"/>	12	Non-Traumatic	<input type="checkbox"/>	17	Groin	<input type="checkbox"/>
3	Bursitis	<input type="checkbox"/>	8	Fracture, Closed	<input type="checkbox"/>	13	Puncture	<input type="checkbox"/>	18	Thigh	<input type="checkbox"/>
4	Concussion	<input type="checkbox"/>	9	Incision	<input type="checkbox"/>	14	Separation	<input type="checkbox"/>	19	Knee	<input type="checkbox"/>
5	Contusion	<input type="checkbox"/>	10	Illness	<input type="checkbox"/>	15	Sprain	<input type="checkbox"/>			

Details of the Injury: _____

Initial Care Provided by:	Contact #	
Care Provided:		
Ambulance / EMT <input type="checkbox"/>	Hospital <input type="checkbox"/>	Trainer <input type="checkbox"/>
Other: _____		

All Injury Reports MUST be e-mailed to Tosht@wpunj.edu no more than 24 hours from the date of the incident. If this is a medical / injury report, please also fax this form to the University's Health and Wellness Center at 973-720-2632.

Non-Injury Incident Report

Please provide a detailed report of any incident that occurred during a club sport activity. Please provide specifics regarding the incident and what possible League, University, or State or Local laws that may have been violated.

Action Taken as a Result of This Incident:			
Was Law Enforcement Involved?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please provide information below
Police Department:	Name of Officer:	Contact Information:	

Was the League Notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Were there any Witnesses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--------------------------	------------------------------	-----------------------------	---------------------------	------------------------------	-----------------------------

Name of Witness:	Is the Witness a WPU student:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
College ID #:	WPU E-mail Address:		

Report Prepared by: _____ Date of Report: _____

Preparer's Signature: _____