University of Alabama Competitive Sports

Injury Report Form

Date: / / Time: : am/pm

INJURED PARTICIPANT INFORMATION

Name: Phone: ( ) -
Email: Gender: □ F □ M Age: 
Affiliation: □ UA Student □ UA Faculty/Staff □ UREC Employee □ UREC Member CWID: □ Other Student: □ Other:

ACCIDENT INFORMATION

Program: □ Intramural Sports □ Open Recreation □ Special Event □ Sport Clubs □ Other: 
Specific Activity: 
Facility: □ Aquatic Center □ SACPV □ Student Recreation Center □ UREC Fields □ Other: 
Specific Location: 
Suspected Injury: □ Breathing □ Bruise □ Cardiac □ Concussion □ Cut □ Dislocation □ Fracture □ Sprain/Strain □ Other: 
Body Part Injured: □ Left □ Right 
Cause of Injury: □ Collision (Object) □ Collision (Person) □ Fall □ Hit by Object □ Pre-Existing □ Sudden Turn/Stop □ Other: 
Description of Accident and Injury: 

ACTION TAKEN

First Aid: □ AED □ Bandage □ CPR □ Ice □ Immobilized □ Rescue Breathing □ Stopped Bleeding □ Washed 
Description of Care: 

Care Provider: □ Athletic Trainer □ UREC Staff □ Other 
Further Care: □ Ambulance to Hospital □ Left - No Info □ Referred for Treatment □ Refused Care □ Returned to Activity □ Self/Friend to Home □ Self/Friend to Hospital □ Other: 
 □ UA Police Called Called: : am/pm Arrived: : am/pm Officer: 
 □ Ambulance Called Called: : am/pm Arrived: : am/pm EMS Info: 

By signing below, I verify that the information on this report is accurate to the best of my knowledge.

Injured Participant's Signature: _____________________________ Date: / / 
□ Signature Not Available Reason: 

Report Completed By: _____________________________ Date: / / 
Witness (if available): Phone: ( ) - 

ADMINISTRATIVE FOLLOW-UP

Follow-up: □ No □ Yes Called: : am/pm Date: / / Name: 
Notes: 

Concussion: □ Suspended IML □ Suspended Fusion □ Captain Notified Date: / / 
□ Reinstated IML □ Reinstated Fusion □ Captain Notified □ AT Notified Date: / / 