

Regis University Injury Report

Name:			Date: Time:		
Student ID:		□ M □ F Student	t Staff Other D.O.B.:/	′/_	
Address:			Phone:		
Indoor Facilites	Location	Outdoor Facilities	Area of Participation]	
Field House		West Field	Intramurals Other:		
Ranger Dome		Greenspace	Club Sports		
Nanger Dome		Beach	Open Recreation		
		Quad	Special Event		
			Spectator		
Type of Injury:	Part of Body:			-	
Abrasion	Generalized	Pelvis	Front	Back	
Bleeding	Skull/Scalp	Shoulder			
Contusion	Eye	Upper Arm			
Dislocation	Ear	Elbow	Right		
Fainting	Nose	Forearm			
Fracture	Mouth	Wrist	☐ _{Left}		
Frostbite	Tooth	Hand			
Heart	Jaw	Finger			
Heat Exhaustion	Neck	Hip			
Internal Injury	Spine	Thigh			
Laceration	Chest	Knee			
Shock	Lungs	Lower Leg			
Sprain	Abdomen	Ankle			
Strain	Back	Foot/Toe			
Other:			Place an "X" at the site of injury		
Witness				Student Identification Number	
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Details of Accident:		
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		_
Immediate Action Taken:		
	-	
		_
Follow Up:		_
7 Ollow Op		
	Staff: Date:	
		_
Name of Individual Filling Out Report:	Date	
Name of maintana rining out neport.	Date	

Ollow Op			
		Staff:	Date:
			
Equipment Checked Out by First Aide	r:		
Equipment Checked Out by First Aide Equipment			_
	#		
Equipment	#		
Equipment	#	rd at REC or in checkou	t box at Mitchell Hall**
EquipmentEquipment	#	rd at REC or in checkou	t box at Mitchell Hall**
EquipmentEquipment	# # r card and place on bulletin boa		t box at Mitchell Hall**