



Arkansas State University-Jonesboro
CLUB SPORTS
INJURY REPORT



Day _____ Date _____ Time _____ AM/PM

Participant Information:

Name _____ ASU ID # _____

Gender: ____ Male ____ Female Age _____

Classification: ____ Student ____ Faculty/Staff ____ Guest ____ Other

Activity:

____ Club Sport (Specify) _____

____ Other (Specify) _____

Location:

____ Rugby Field ____ IM Complex Field # ____ ____ Red WOLF Center

____ Basketball Courts ____ SFB Field # ____ ____ Fitness Room

____ Multi-Purpose Room ____ Track ____ MAC Gym

____ Other (Specify) _____

Part of Body Injured

____ Head	____ Neck	____ Hand: L R	____ Ankle: L R	____ Mouth
____ Ear: L R	____ Arm: L R	____ Finger	____ Foot: L R	____ Shoulder: L R
____ Eye: L R	____ Elbow: L R	____ Abdomen	____ Knee: L R	____ Back
____ Nose	____ Leg: L R	____ Other (Specify) _____		

Description of Injury

Action Taken

First Aid By: _____ Treatment: ____ Band-Aid ____ Ice ____ None ____ Other(Specify)

University Police Notified: ____ Yes ____ No Participant sent to: ____ Home ____ Student Health Center ____ Hospital

Transportation: ____ Private Vehicle ____ Ambulance ____ Other (Specify) _____

I have been advised by the below employee of Arkansas State University that I should seek medical attention.

Participant's Signature: _____ Date: _____

Witness Name (Print): _____ ASU ID: _____

Witness Signature: _____ Date: _____

Report Filed By: _____ ASU ID: _____

Staff Signature: _____ Date: _____