

Loyola University Maryland Fitness and Aquatic Center Recreational Sports

ACCIDENT REPORT

REPORT DATA Date:			Time of Injury	y: am / pm	1	
PERSONAL DATA Name	e of Injured:		ID	Number:	Female Ma	le Age:
Address or Mailstop: Phone: Affiliation: Student Fa		 ninistrator	Email: Guest		Date of Birth:	
Café Fir Classroom/Conference Room Fit Court A/Court B Ga Equipment Room Ge PROGRAM DATA – Include Sp Aquatics	rst Floor Hallway ness Center Mullery Oppi-Aikens Field Club Sports Club Sports	Locker Room MAC Court Office Suite Outdoor Advi	enture Center Fitness	Pool/Sauna/Hot Tub Pump Room Racquetball/Squash C Ridley Field Rock Wall	Welcome D Other GX	Area
Informal	IM		_ OAE		Other	
NOTIFICATIONS		INJUE	RY DATA			
Building Supervisor Notified: Name:	YES NO			Part of Bod	<i>y Injured</i> R L	R L
Was proper CODE RED/CODE BYES NO Explain Who cows EMS (911) called? Was Campus Police called? Spill kit used? YES NO Was area/equipment contaminated If yes, specify area/equipment: Was area/equipment disinfected?	LUE protocol used? called? YES NO YES NO	Hea Face Nec Abd Tors Bac Othe	d e k omen so k	Eye Ear Shoulder Upper Arm Elbow Forearm Wrist	Hand Finger Ribs Pelvis Groin Hamstring	Quad Knee Shin Ankle Foot Toe
FIRST AID DATA – Check all th	hat apply					
General Applied Ice Stopped Bleeding Immobilized Elevated Washed Wound Bandaged	Aquatics Deck Assisted Rescu Distressed Swimmer Active Drowning Vi Passive Drowning V	ctim	Location: Time: Campus F	Police Transport	Responder Inform Who Provided Ca	re (name/position):
Rescue Breathing CPR AED Other Victim Self-Care None	Suspected Head, Ned Spine Board		Time:Rec. Spor Who: Time: Home on Returned Taken by	ts Admin. Notified	First Aid Supplies	Used:
	nt:		Athletic T	rainer Transport		

Refusal of Care: I, the injured party, have been advised that I may have a medical condition(s) which may require an examination by medical personnel. At this time, I am refusing the care given by the personnel listed on this form and require no further treatment from the Loyola University Recreational Sports Department and/or an Emergency Medical Technician. Signature of Injured: Witness of Refusal: Phone: Recreational Sports Personnel: Title: VITNESS I Printed Name Address or Mailstop: Phone Ignature Address or Mailstop: Phone Ignature Address or Mailstop: Phone Ignature I, the injured party, herein certify that the information set forth above is true and correct to the best of my knowledge. Signature of Injured: Recreational Sports Personnel: Title: Report Prepared by (Print Full Name(s) clearly): Signature: Name of Administrator(s) Notified: Prover Data Name of Administrator(s) Notified: Printel Data Date of Follow-Up: Administrator for Follow-Up Completed/To Be Filed Other	_		(use additional paper if needed or type descriptio
Witness of Refusal:	by medical personnel. At this t	ime, I am refusing the care given by the person	nnel listed on this form and require no further treatment
Witness of Refusal:	Signature of Injured:		Time:
Address or Mailstop: Phone			
Address or Mailstop: Phone	Recreational Sports Person	nnel:	Title:
Interest vame Image:	VITNESS 1		
Ignature Cocount of What Happened Email	131	Address or Mailstop:	
VITNESS 2 rinted Name Address or Mailstop	rintea Name		Phone
Address or Mailstop Phone	ignature		
Address or Mailstop Institute Institu	ccount of What Happened		
Address or Mailstop ignature			
Address or Mailstop Phone	VITNESS 2		
I, the injured party, herein certify that the information set forth above is true and correct to the best of my knowledge. Signature of Injured:	TITLESS 2	<u> </u>	
I, the injured party, herein certify that the information set forth above is true and correct to the best of my knowledge. Signature of Injured:		441	
I, the injured party, herein certify that the information set forth above is true and correct to the best of my knowledge. Signature of Injured:	rinted Name	Address or Mailstop	Phone
I, the injured party, herein certify that the information set forth above is true and correct to the best of my knowledge. Signature of Injured: Time: Recreational Sports Personnel: Title: Signature: Position: Name of Administrator(s) Notified: FFICE DATA Date of Follow-Up: Administrator:		Address or Mailstop	
Signature of Injured:	ignature	Address or Mailstop	
Signature of Injured:	ignature	Address or Mailstop	
Report Prepared by (Print Full Name(s) clearly): Position: Signature: Name of Administrator(s) Notified: FFICE DATA Date of Follow-Up: Administrator:	ignature	Address or Mailstop	
Report Prepared by (Print Full Name(s) clearly): Position: Signature: Name of Administrator(s) Notified: FFICE DATA Date of Follow-Up: Administrator:	ignature ccount of What Happened		Email
Signature: Name of Administrator(s) Notified: FFICE DATA Date of Follow-Up: Administrator:	ignature ccount of What Happened I, the injured party, her	ein certify that the information set forth above	Email e is true and correct to the best of my knowledge.
Signature: Name of Administrator(s) Notified: FFICE DATA Date of Follow-Up: Administrator:	ignature ccount of What Happened I, the injured party, her Signature of Injured	ein certify that the information set forth above	Email e is true and correct to the best of my knowledge.
FFICE DATA Date of Follow-Up: Administrator:	I, the injured party, her	ein certify that the information set forth above	Email e is true and correct to the best of my knowledge.
	I, the injured party, her Signature of Injured Recreational Sports	ein certify that the information set forth above l: Personnel:	Email e is true and correct to the best of my knowledge. Time:
	I, the injured party, her Signature of Injured Recreational Sports Report Prepared by (Print Full Name)	ein certify that the information set forth above l: Personnel:	Email e is true and correct to the best of my knowledge. Time:Title: Position:
tatus: Submitted Forwarded to Administrator for Follow-Up Completed/To Be Filed Other	I, the injured party, her Signature of Injured Recreational Sports Report Prepared by (Print Full Name)	ein certify that the information set forth above l: Personnel:	Email e is true and correct to the best of my knowledge. Time:Title: Position:
	I, the injured party, her Signature of Injured Recreational Sports Report Prepared by (Print Full Nam Signature:	ein certify that the information set forth above l: Personnel: ne(s) clearly): Name of	Email e is true and correct to the best of my knowledge. Time:Title: Position: f Administrator(s) Notified: