

# NORTHERN MICHIGAN UNIVERSITY

## Sport Club Injury Report

Name: \_\_\_\_\_ IN: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Age: \_\_\_\_\_

Date injury occurred: \_\_\_\_\_ Time injury occurred: \_\_\_\_\_

Sport Club/activity: \_\_\_\_\_

Location:  PEIF  
 Superior Dome  
 BEC  
 Intramural Fields  
 Other (please list) \_\_\_\_\_

Location of injury (please check all that apply):

Head       Chest       Leg       Finger       Eye       Mouth  
 Neck       Abdomen       Knee       Arm       Nose       Tongue  
 Shoulder       Groin       Ankle       Wrist       Ear       Teeth  
 Back       Hip       Foot       Hand       Other: \_\_\_\_\_

Side of body (please describe): Right: \_\_\_\_\_ Left: \_\_\_\_\_

Type of injury:  Abrasion       Concussion       Puncture       Break       Dislocation  
 Sprain       Bruise       Laceration       Other: \_\_\_\_\_

How injury occurred:  Self-inflicted       Previous injury       Outside force  
 Other (specify): \_\_\_\_\_

Comments (please be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness to injury: \_\_\_\_\_

## Sport Club Injury Report (Continued)

- Action taken:
- |  |   |
|--|---|
| <input type="checkbox"/> Treated at location           | <input type="checkbox"/> Referred to hospital |
| <input type="checkbox"/> Referred to NMU Health Center | <input type="checkbox"/> EMS called           |
| <input type="checkbox"/> NMU Public Safety called      | <input type="checkbox"/> Sought own treatment |
| <input type="checkbox"/> Refused aid                   |   |

Was additional transportation needed from the location where the injury occurred?      Yes                      No

If yes, how was the injured person transported? \_\_\_\_\_

What action was taken by club members and others involved (please be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Club Representative: \_\_\_\_\_ Date: \_\_\_\_\_