

**The College of New Jersey
Recreation and Wellness
Accident/Injury Report Form**

Accident Date: / /	Time: am/pm
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Personal Information

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____ Gender: _____ Age: _____
Birthdate: _____ Status (Circle One): Student Faculty Staff Other: _____
Location of Accident: _____

Activity of Time of Accident (Check one)

_____ Intramural Activity _____ RECreate Your Night Event _____ Group Fitness Class
_____ Sport Club Activity _____ Fitness Center Use _____ Other: _____

Which Sport Club / Intramural Sport / Group Fitness Class did the injury occur? _____

Description of accident (explain in detail how it occurred):

Type and Location of Injury: (ex. Bruise on Left side of lower back)

Immediate Action Taken:	Initiated First Aid Procedure	YES	NO	Time: _____ am/pm
	Performed CPR	YES	NO	By whom: _____
	Called 911/Campus Police	YES	NO	Time: _____ am/pm
	Cleared the Scene	YES	NO	
	Other: _____			

Was Campus Police Called: ____ Yes ____ No

Injured Participant Signature for refusing to be examined by campus police: _____

Was the victim: ____ Referred to health services ____ Transported to health services by campus police
 ____ Transported to hospital by campus police/EMS ____ Advised to the hospital

Refusal of Treatment

_____ Injured Participant Refused First Aid Treatment
Injured Participants Signature for refusing first aid treatment: _____ Date: _____

Did the Injured Participant Return to Play? ____ Yes ____ No

Witnesses to Incident:

Name: _____	Phone #: _____
Name: _____	Phone #: _____

Form Submitted by: _____ **Position:** _____

For Office Use Only:
Follow-up Report

Participant Contacted: Date: _____ Time: _____ am/pm Left Message
Status of Injury: _____
Name of Employee completing follow-up report: _____