

CSUSM Campus Recreation – ACCIDENT/INCIDENT REPORT Keep a copy of this form for 3 years

A Accident _____ Incident _____	
Name of Injured or Claimant: _____ Phone: (____) _____ - _____	
Address: _____ Age: _____ Gender: _____	
Status: _____ Student _____ Faculty/Staff _____ Other :	
B Date and time occurred: ____/____/____ ____:____ am pm	
EMS or University Police (#4567) requested? ___Yes ___ No If YES, contact your Program Supervisor immediately!	
C Location where accident/incident occurred:	
D Witnesses: <u>Name</u>	<u>Address</u>
_____	_____ (____) _____ - _____
_____	_____ (____) _____ - _____
E Describe the facts of the accident/incident in detail, <u>including immediate actions taken</u> (use attachments if necessary):	

F Part of body injured:	
G Was any part of the head or neck involved? (Check yes if there was any impact to the head/neck region, even if you think there was no an injury.) ___Yes ___ No If YES, PLEASE COMPLETE 2 (even if you don't think there was an actual head injury).	
H Was first-aid/medical attention refused? ___Yes ___ No	
I Was medical attention provided: ___Yes ___ No If YES, by whom:	
J Prior medical condition(s) known? ___Yes ___No If YES, please describe:	
Prepared by: _____ Reviewed by: _____	
Name/Title (Please Print)	Supervisor (Please Print)
Signature: _____	
Email: _____	
Department: _____ Department: _____	
Phone: (____) _____ - _____ Date: ____/____/____ Phone: (____) _____ - _____ Date: ____/____/____	

If EMS or Police services requested: Notify your Program Supervisor **immediately**
Scan/email this form to: 1. Your supervisor & 2. srs@csusm.edu

Emergency Treatment

Report all emergencies to University Police at (760) 750-4567 from a campus phone or 911 if away from campus.

- University Police will evaluate and initiate emergency services as appropriate.
- Proceed to the nearest hospital emergency room for treatment or stand by for paramedics/ambulance as appropriate.

Non-Emergency Treatment

- Proceed to Student Health & Counseling Services (SHCS) for non-emergency treatment.
- SHCS is located on campus at Chavez Circle. Please contact SHCS at (760) 750-4915 for further instructions. Hours of Operation: M – F 8am – 4:45pm and closed 12 -1pm. If closed, see www.csusm.edu/shcs for Emergency Resources.

CSUSM SPORT CLUBS:

POSSIBLE HEAD INJURY REPORT FORM

To be completed anytime there is impact of any kind to the head or neck area

Participant's Name: _____ Date & Time of Injury _____

CSUSM ID #: _____ Date of Birth: _____

Form Completed By: _____ Date: _____

Describe in detail how injury occurred: See description on page 1 - OR - Described below:

Describe in detail what first aid was given: _____

Please place a check next to any of the following symptoms the injured player has or may have:

- | | |
|--|---|
| <input type="checkbox"/> A forceful blow to the head | <input type="checkbox"/> Difficulty falling asleep or disrupted sleep |
| <input type="checkbox"/> Amnesia | <input type="checkbox"/> Slowed reaction time |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Concentration or memory problems |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Balance problems or dizziness |
| <input type="checkbox"/> Loss of consciousness | <input type="checkbox"/> Double or fuzzy vision |
| <input type="checkbox"/> Feeling sluggish, foggy or groggy | <input type="checkbox"/> Sensitivity to light or noise |
| <input type="checkbox"/> Feeling unusually irritable | <input type="checkbox"/> Nausea (feeling that you might vomit) |

If you checked any of the boxes above, and/or if you think student-athlete has sustained a concussion, take him/her out of play immediately and allow adequate time for evaluation by a health care professional experienced in evaluating concussions. **Medical clearance shall be determined by an athletic trainer or physician.**

Player taken out of activity. Released to: _____ Relationship: _____

Player stayed in activity. State Justification: _____
