

VILLANOVA UNIVERSITY

Recreation Injury Report Form

If injury requires treatment beyond basic first aid, offer to call Public Safety (610-519-4444) so the participant can receive medical evaluation on-site and/or transportation to a medical facility. If student declines offer to call Public Safety, student should sign where designated below. Request VEMS dispatch as needed.

Record participant and injury information below.

Last Name: _____ First Name: _____

Banner ID # (if applicable): _____

Phone: _____ E-mail address: _____

Status:

VU Student Faculty Staff Friend of Villanova Visiting Club Sport Athlete

Date of Injury: _____ **Time of Injury:** _____

Facility where injury occurred: _____

Activity at time of injury: _____

Right _____ Left _____ Body Part Injured: _____

(Note: If injury involves contact to the head, this form must be completed and if the participant is a student, participant should be instructed to report to the Health Center for evaluation.)

Pain?	Y	N
Swelling?	Y	N
Trouble moving?	Y	N
Bleeding?	Y	N
Other signs of injury?	Y	N _____

Treatment Given by you: Ice Gauze Bandage

Did you recommend Public Safety be called? Yes No

Was Public Safety called? Yes No

Final Disposition: 1. Participant refused your offer to call PS/VEMS for further medical evaluation/attention ____
If participant refused to have you call PS/VEMS for further medical evaluation/attention, please have them sign here:

Did participant return to activity? Yes No

(Note: If injury requires treatment beyond basic first aid and/or involves contact to the head, participant should be instructed not to return to activity until cleared by a physician).

2. PS/VEMS transported participant to Health Center ____

3. PS/VEMS transported participant to Emergency Room ____

4. Participant refused or did not need transport after evaluation by PS/VEMS ____

If any witnesses provided information to assist in completion of this form, please list names below:

This form was filled out by: Name: _____ Position: _____