



San José State
UNIVERSITY

Injury/Accident Report

Club Sports Program

Accidents must be reported to the Club Sports Coordinator within 24 hours. If 911 is called, refer to the 911-Emergency Response Plan.

Activity/Event: _____ Date & Time (Accident): _____
 Location: _____ Time EMT was called: _____
 _____ Time EMT Arrived: _____
 Injured Person: _____ If EMT was called, who responded?
 Telephone: _____ Police (Y/N): _____
 Address: _____ Fire Dept. (Y/N): _____
 Injured Signature: _____ Ambulance (Y/N): _____

1. Please describe, in detail, the nature of the accident:

2. Please state exactly the part(s) of the body injured and the nature of the injury:

3. Did the injured party refuse treatment? (If yes, signature of injured required below)

4. Please describe, in detail, the First Aid, which was administered after the accident:

Injured Party's disposition (please check):

<input type="checkbox"/> Remained in the area	<input type="checkbox"/> Released to parent/guardian
<input type="checkbox"/> Left with Assistant	<input type="checkbox"/> Released to ambulance/fire dept.
<input type="checkbox"/> Advised to seek further medical attention	<input type="checkbox"/> Other: _____

Injured party's destination (please check):

Home Doctor Hospital Other: _____

If injured party was a minor, was the parent/guardian/relative notified? If yes, give name and relationship to the injured person. If no, why was nobody contacted?

Yes No

5. If Bloodborne Pathogens Exposure Control occurred, please describe the procedures followed, including cleanup:

6. Please list who (& phone number) administered First Aid and any SJSU Staff that were on duty:

Witness: _____
Name Address City Zip Phone#

Reported By:
Name: _____ Role: _____
Signature: _____ Date: _____

Club Sports Coordinator's Signature: _____ Date: _____
Risk Manager's Signature: _____ Date: _____