

UCLA RECREATION Injury/Accident Report

Facility _____ Specify Location _____

Month _____ Day _____ Year _____ (circle day of week) Su - M - Tu - W - Th - F - Sa

Name of Injured _____ Male _____ Female _____ *Age _____

*Name of Parent/Guardian (if injured under 18) _____

Bruin Card # _____ Rec Card # _____ Guest Receipt # _____

Local address _____ City _____

Phone # _____

Time Accident Occurred _____ AM PM CRA Staff Present: Supervisor _____ Instructor _____ Coach _____

Time Accident Reported _____ AM PM Lifeguard _____ Referee _____ Other _____ None _____

Time EMT Arrived _____ AM PM Print Name (s) _____

Activity (specify): Intramural Sports Youth & Family Recreation Class Club Sports (includes Runners, Strokes, Masters)

Unrelated Activity Intercollegiate Athletics Special Event Informal Recreation Employment Duties (contact supervisor)

Describe in detail the nature of injury and part of body affected. _____

What was injured doing when accident occurred? _____
(State source of information)

How did the accident happen? _____
(State source of information)

Immediate Action Taken:

Refused Attention (signature of injured required below):

Blood/OPIM present? (If yes, must list PPE worn)

No Yes, PPE worn _____

First Aid _____

Did an exposure incident occur? (All exposure incidents must be immediately reported to your supervisor.)

Administered by _____

No

Called UCLA EMT (Dial 35 or 911 on campus phone)

Yes, describe route of transmission: _____

Other _____

Method of Transportation:

Ambulance to _____ Hospital Private Vehicle Left without assistance Other _____

Witness _____ Address _____ Phone _____

Witness _____ Address _____ Phone _____

Reported by: Name _____ Title _____

Signature: _____ Date _____