

**ADULT INJURY REPORT FORM**

1. Name \_\_\_\_\_ 4. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ mo day yr 7. Date of Injury \_\_\_\_/\_\_\_\_/\_\_\_\_ mo day yr

2. District Name \_\_\_\_\_ # \_\_\_\_\_ 5. Grade \_\_\_\_\_ 8. ( ) Male ( ) Female

3. School Name \_\_\_\_\_ # \_\_\_\_\_ 6. Time of Injury \_\_\_\_\_ ( ) am ( ) pm 9. Fatal ( ) Yes ( ) No

10. DAYS ABSENT: Record letter of the DAYS absent from school related to this injury in box at left. If no absence, record letter "a".

a) Less than 1/2    b) 1/2    c) 1    d) 1 1/2 - 2    e) 2 1/2 - 3    f) If more than 3 days, then specify # \_\_\_\_\_ days

11. ACTION TAKEN: PLEASE CHECK AND COMPLETE ALL THAT APPLY.

1. <input type="checkbox"/> First aid administered _____ ( ) am ( ) pm	BY WHOM (Title codes on back) Specify name _____
2. <input type="checkbox"/> Parent or guardian notified _____ ( ) am ( ) pm	Specify name _____
3. <input type="checkbox"/> Unable to contact parent/guardian _____ ( ) am ( ) pm	
4. <input type="checkbox"/> Remained in or returned to class	9. <input type="checkbox"/> Called 911
5. <input type="checkbox"/> Sent/taken home	10. <input type="checkbox"/> Seen by M.D./E.R./health care provider/hospital/etc. Diagnosis: _____
6. <input type="checkbox"/> Parents deemed no medical action necessary	11. <input type="checkbox"/> Hospitalized Specify length: _____
7. <input type="checkbox"/> Checked by school nurse	12. <input type="checkbox"/> Restricted school activity Specify length: _____
8. <input type="checkbox"/> Checked by EMT on staff	13. <input type="checkbox"/> Other-Specify _____

12. NATURE OF INJURY: List the injuries/symptoms incurred. (Record # in boxes at left.)

<input type="checkbox"/> More Severe	1. Abrasion/Scrape	5. Cut/Laceration	9. No Pulse/Heartbeat	13. Shortness of Breath
<input type="checkbox"/> Less Severe	2. Bump/Bruise/Contusion	6. Dislocation (possible)	10. Not Breathing	14. Sprain/Strain/Tear
	3. Burn/Scald	7. Fracture/Broken (possible)	11. Pain/Tenderness Only	15. Swelling/Inflammation
	4. Concussion (possible)	8. Loss of Consciousness	12. Puncture	16. Other _____

13. AREA AFFECTED: List area affected for each injury/symptom code listed in 13 above. (Record # in boxes at left.)

	HEAD			TRUNK			EXTREMITIES		
<input type="checkbox"/> More Severe	1. Chin/Cheek	6. Neck/Throat	10. Stomach	15. Genitalia	19. Ankle	24. Hand/Wrist			
<input type="checkbox"/> Less Severe	2. Ear	7. Nose	11. Back	16. Internal	20. Arm	25. Knee			
	3. Eye	8. Head	12. Buttocks	17. Pelvis/Hip	21. Elbow	26. Leg			
	4. Forehead	9. Tooth/Teeth	13. Chest/Ribs	18. Shoulder	22. Finger/Thumb	27. Toe			
	5. Mouth/Tongue/Lip		14. Collarbone		23. Foot				

14. CONTRIBUTING FACTOR: List factor which may have led to the injury. (Record # in box at left.)

<input type="checkbox"/>	1. Animal bite (dog bite etc.)	5. Contact with fire, hot liquid or hot object	9. Hit with thrown object	13. Unknown
	2. Collision with object or person	6. Drug, alcohol or other substance	10. Overexertion/Twisted	14. Weapon (gun, knife, etc.)
	3. Compression/Pinch	7. Fall	11. Seizure disorder	Specify _____
	4. Contact with equipment (shop, P.E.)	8. Foreign body/Object	12. Tripped/Slipped	15. Other _____

15. PERIOD: List period during which injury occurred. (Record # in box at left.)

<input type="checkbox"/>	1. After school	4. Athletic practice session	7. Class time (exclude PE)	10. Lunch	13. P. E. class
	2. Assembly	5. Before school	8. Field trip	11. Lunch recess	14. Other _____
	3. Athletic event (team competition)	6. Class change	9. Intramural competition	12. Recess	

16. SURFACE: List surface on which injury occurred. (Record # in box at left.)

<input type="checkbox"/>	1. Blacktop	4. Dirt	7. Lawn/Grass	10. Synthetic surface	12. Wood(waxed)
	2. Carpet	5. Gravel	8. Mats	(i.e.Tartan surface)	13. Other _____
	3. Concrete	6. Ice/Snow	9. Sand	11. Tile	14. Fibar/Wood Chips

17. LOCATION: List location at which injury occurred. (Record # in box at left.)

<input type="checkbox"/>	1. Athletic field	5. Corridor/Hall (exclude stairs)	9. Lunchroom/Kitchen	13. Sidewalk/Stairs/Ramp
	2. Auditorium/Multipurpose	6. Doorway	10. Playground/Playfield	14. Street/Driveway/Parking Area
	3. Bus loading area	7. Gymnasium	11. School bus/Public bus	15. Restroom/Lavatory
	4. Classroom	8. Lab (Home Ec., Chem, etc.)	12. Shop (Industrial Arts, etc.)	16. Other _____

18. ACTIVITY: List activity during which injury occurred. (Record # in box at left.)

<input type="checkbox"/>	1. Baseball/Softball	7. Fighting	13. Playing on bars	18. Sliding	24. Throwing rocks
	2. Basketball	8. Flag/Touch football	(monkey bars/big toy/etc.)	19. Sliding on ice	or snowballs
	3. Bicycling	9. Football	14. Riding	20. Sitting	25. Track and field
	4. Classroom activity	10. Gymnastics/Tumbling	15. Running	21. Soccer	26. Volleyball
	5. Climbing	11. Jumping	16. Roughhousing	22. Standing	27. Walking
	6. Dodge ball/War ball	12. Kickball	17. Setting up/Moving equip	23. Swinging	28. Wrestling
					29. Other _____

19. EQUIPMENT: Was equipment or apparatus involved in injury?  Yes  No

IF YES (a) Did equipment appear to be used appropriately?  Yes  No

(b) Was there any apparent malfunction of equipment?  Yes  No

Specify equipment \_\_\_\_\_

20. DESCRIPTION: Describe specifically how the injury happened: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. \_\_\_\_\_ Title Code \_\_\_\_\_ 22. \_\_\_\_\_

Signature of Person Making Report Principal's Signature