CAMERON UNIVERSITY
DEPARTMENT OF HEALTH AND PHYSICAL EDUCATION
MEDICAL REPORT FORM

1. Name: _____ Home Address: _____

Phone: _____ Sex: ☐ M ☐ F Age: _____ Grade or Classification: _____

2. Time accident occurred: Hour _____ A.M. ☐ or P.M. ☐ Date: _____

3. Place of Accident: ☐ University Building ☐ Grounds ☐ Activity Area Other: _____

4. Activity: _____ Instructor/Staff Name: _____

5. NATURE OF INJURY/ILLNESS	DESCRIPTION OF THE ACCIDENT How did accident happen? What was student doing? Where was student? Specify any tool, machine or equipment involved. ☐ Abrasion ☐ Fracture ☐ Amputation ☐ Laceration ☐ Asphyxiation ☐ Poisoning ☐ Bite ☐ Puncture ☐ Bruise ☐ Scalds ☐ Burn ☐ Scratches ☐ Concussion ☐ Shock ☐ Cut ☐ Sprain ☐ Dislocation Other (specify): _____
PART OF BODY AFFECTED	☐ Abdomen ☐ Foot ☐ Ankle ☐ Hand ☐ Arm ☐ Head ☐ Back ☐ Knee ☐ Chest ☐ Leg ☐ Ear ☐ Mouth ☐ Elbow ☐ Nose ☐ Eye ☐ Scalp ☐ Face ☐ Tooth ☐ Finger ☐ Wrist Other (specify): _____

6. Degree of Injury: ☐ Death ☐ Permanent Impairment ☐ Temporary Disability ☐ Nondisabling

7. Total number of days lost from classes: _____ (To be filled in when student returns to class)

Part B. Additional Information on University Jurisdiction Accidents

8. Person in charge when accident occurred (Enter name):_____
Present at scene of accident: ☐ No ☐ Yes

9. IMMEDIATE ACTION TAKEN	First-Aid Treatment ☐ By (Name): _____ Sent Home ☐ By (Name): _____ Sent to Physician ☐ By (Name): _____ Physician's Name: _____ Sent to Hospital ☐ By (Name): _____ Name of Hospital: _____

10. Was a parent, spouse, or other individual notified? No ☐ Yes ☐
When? _____ How?_____
Name of individual notified: _____
By Whom? (Enter Name): _____

11. Witnesses: 1. Name:_____ Address:_____
2. Name: _____ Address:_____

	Specific Activity	Remarks
12. LOCATION	Baseball Field _____	_____
	Tennis Courts _____	_____
	Softball Field _____	_____
	Racquetball Courts _____	_____
	Golf Course _____	_____
	Locker _____	_____
	During Travel _____	_____
	Pool _____	_____
	Dressing Room _____	_____
	Toilets/Washroom _____	_____
	Gymnasium _____	_____
	Other _____	_____
	Weight Room _____	_____

Name of Person Filling out Form:_____ Date: _____