**UNIVERSITY OF COLORADO – BOULDER**  
**Student Recreation Center Injury Report**

### Athlete/Patron Information

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Classification</th>
<th>Student</th>
<th>Faculty/Staff</th>
<th>Alumni</th>
<th>Guest/Other (explain)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student ID#</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth Date</td>
<td>/    /</td>
<td></td>
<td>Grad Year</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Gender</td>
<td>Male</td>
</tr>
<tr>
<td>Activity/Sport at time of Injury:</td>
<td></td>
<td>Which gender best describes you?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program/Group:</th>
<th>Club Sports</th>
<th>Informal Rec</th>
<th>Intramurals</th>
<th>Fitness/Wellness</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Email</th>
<th>Contact Phone</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Injury Information

<table>
<thead>
<tr>
<th>Location:</th>
<th>Date</th>
<th>Time</th>
<th>a.m.</th>
<th>p.m.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Treated:</th>
<th>Rec Staff</th>
<th>ATC/Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was injured party advised to seek further treatment?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was an ambulance recommended?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Was an ambulance called?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Did injured party refuse treatment?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Did injured party sign a refusal form?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### Injury location & type (mark and fill in)

- [ ] front
- [ ] back

**Description of how the injury occurred:**

- [ ] Stopped Bleeding
- [ ] Washed Wound
- [ ] Bandage/Tape
- [ ] ICE
- [ ] Splint
- [ ] Kept Immobile
- [ ] Recovery Position
- [ ] CPR
- [ ] None
- [ ] Other

**What care was provided and what action was taken?**

- [ ] Self
- [ ] With Friends
- [ ] Ambulance
- [ ] University Police
- [ ] Other

### First Aid Rendered (if applicable):

- [ ] Stopped Bleeding
- [ ] Washed Wound
- [ ] Bandage/Tape
- [ ] ICE
- [ ] Splint
- [ ] Kept Immobile
- [ ] Recovery Position
- [ ] CPR
- [ ] None
- [ ] Other

**Employee name:**

**Witness name:**

**Department:**

**Witness phone:**

**Signature:**

**Signature of Injured Party:**

**Date:**

**Follow-up by:**

**Date:**

**Status:**

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**Form Revised 1/16/2016**
Refusal of Medical Treatment and Transport

Attendant Name: ________________________________

Individual Name: __________________________________________

Address: ______________________________________________

City/State/Zip______________________________ Phone: _______________________

Assessment of Individual

Is the individual over 18 years old? …………………………………………Yes  No

Is the individual oriented to person, place, and time? ……………………..Yes  No

Does the individual have a decreased level or responsiveness? ……………..Yes  No

Does the individual admit to loss of consciousness or hitting head?………………..Yes  No

Has the individual admitted to alcohol or drug use? ……………………………..Yes  No

If the individual is over 18, oriented and does not have a decreased level of responsiveness, head injury, or drug/alcohol use then have them read and sign the bottom of refusal form. If the individual is under 18 or has any of the previously mentioned signs then call EMS and allow them to evaluate the individual.

=====================================================================

Individual Statement

I __________________________ understand that this form has been given to me because I have refused medical care or transport. I understand that University of Colorado Recreation Staff have recommended that I receive medical care, treatment and/or transportation to the hospital emergency department for further evaluation by a physician and that delaying this help may result in my condition worsening.

I have made the decision to refuse medical treatment or transport being a competent adult, alert and oriented, and free of alcohol, drugs, or head injury which may impair my judgment. By making this decision to refuse medical treatment or transport I agree to assume all risk of personal injury, loss, or bodily injury (including death). I release, waive, hold harmless, and discharge the University of Colorado and its employees from all claims, damages, and injuries arising out of my refusal of medical treatment or transport.

Individual signature: __________________________ Date: __________

Witness Signature: __________________________ Date: __________