

VILLANOVA UNIVERSITY
Intramural Injury Report Form

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|---------------------|---|---|-----------------------------------|---|---|
| 1. Unconscious? | Y | N | Immobile? | Y | N |
| Excessive Bleeding? | Y | N | Cardiac Arrest? | Y | N |
| Bony Deformity? | Y | N | Other Life Threatening Emergency? | Y | N |

If yes to any, Call Public Safety (610-519-4444) and ask for VEMS dispatch

Final Disposition: VEMS transported participant to Health Center _____
VEMS transported participant to Emergency Room _____
Other _____

- | | | | | | |
|------------------|---|---|----------------------|---|---|
| 2. Pain? | Y | N | Controlled Bleeding? | Y | N |
| Swelling? | Y | N | Discoloration? | Y | N |
| Previous injury? | Y | N | Contact to head? | Y | N |
- *fill out questions below*

If yes to any, Offer First Aid Treatment.

Offer to call Public Safety (610-519-4444) so they can receive further medical evaluation on site or medical transport.

Was Public Safety called? Yes No Was VEMS dispatched to scene? Yes No

Treatment Given: Ice Pack Band Aid Gauze Splint Compression Other: _____

Final Disposition: Student refused evaluation/help from PS/VEMS __
PS/VEMS transported student to Health Center __
PS/VEMS transported student to Emergency Room __
Student refused transport after evaluation from PS/VEMS __

If participant refused to have you call PS/VEMS for further medical evaluation/attention, please have them sign here:

Student refuses further medical evaluation/attention: _____

Did participant return to activity? Yes No

* If head contact occurred during an injury and they refused further medical evaluation from PS/VEMS, observe them to see if they are experiencing any of the following:

Irritability Amnesia Inability to focus/concentrate Slowed reaction time Balance Issues Emotional changes

If yes to any of these, do not allow them back to activity. **Call PS (610-519-4444) and have them escorted to the Health Center.**

If they are not displaying any of the above symptoms, ASK if they are experiencing any of the following:

Headache Drowsiness Sensitivity to light/sound

If yes to any of these: **Do not allow them back to activity.** Offer again to call PS for escort to the health center for evaluation.

Was Public Safety called? Yes No

If no, have them sign below to indicate that they refuse further medical attention/evaluation from PS/VEMS:

Student refuses further medical evaluation/attention: _____

If the participant experienced head contact but is not experiencing any signs or symptoms of a concussion, have them sign here that they are not experiencing any signs/symptoms of a concussion (listed above).

Student denies any concussion signs/symptoms: _____

You can allow the in person back to play.

Did they return to play? Yes No

Participant Information

Last Name: _____ First Name: _____

Banner ID #: _____ Age: _____ Male _____ Female _____

Phone #: _____ e-mail address: _____

Status:

VU Student Faculty Staff Friend of Villanova Visiting Club Sport Athlete

Date of Injury: _____ **Time of Injury:** _____

Facility where injury occurred: _____

Activity at time of injury: _____

How the injury occurred: _____

Right _____ Left _____ **Body Part Injured:** _____

This form was filled out by: Name: _____ Position: _____