VILLANOVA UNIVERSITY
Intramural Injury Report Form

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: ________________________