HOFSTRA UNIVERSITY | Campus Recreation

Accident Report

*This form must be submitted to Department of Campus Recreation staff within 48 hours of the accident

Name		**Sex**	
Email Address		**Hofstra ID**	
Address		**Phone**	
City/State/Zip		**Date of Birth**	

Injured: ☐ **Student** ☐ **Faculty/Staff** ☐ **Spectator** ☐ **Other (specify):**

Sport Injured:			
Date of Injury:		**Time of Injury**	
Venue Injury Occurred:			

Please Circle One: ☐ **PRACTICE** ☐ **GAME vs.**

LOCATION OF INJURY: Please Check ALL Impacted Areas					**SIDE OF BODY**
☐ ABDOMEN/STOMACH	☐ ELBOW	☐ HAND	☐ NECK	☐ TOE	☐ LEFT
☐ ANKLE	☐ EYE	☐ HEAD	☐ NOSE	☐ TONGUE	☐ RIGHT
☐ ARM	☐ FACE	☐ HIP	☐ SHOULDER	☐ OTHER:	☐ N/A
☐ BACK	☐ FINGER	☐ JAW	☐ SHIN		
☐ CHEST	☐ FOOT	☐ KNEE	☐ TEETH		
☐ EAR	☐ GROIN	☐ MOUTH	☐ THIGH		

Describe how the injury occurred and what actions were taken. (Write on back if needed)

PREPARED BY		**DATE**	
WITNESS		**DATE**	

FOLLOW-UP INFORMATION

REVIEWED BY		**DATE**	