

The University of Texas at Austin
Department of Kinesiology and Health Education

Injury Report Form

Return completed from to: Dr. Michael T. Sanders
Office: BEL 605C
Phone: (512) 471-5405

Student Name: _____ Phone: (H) _____ (C) _____
Address: _____ Sex: M F
_____ EID: _____
_____ Date of Birth: _____
Class: (Unique #) _____ (Course #) _____
Instructor: _____ Faculty Teaching Assistant

Details of Incident

Date: _____ Time: _____
Location: _____
Description of Incident: _____

Details of Witness

Name: _____ Phone: (H) _____ (C) _____
Address: _____

Details of Injury and Treatment

Name of Injury: (e.g. burn, cut, sprain) _____
Cause of Injury: (e.g. fall) _____
Location on Body: (e.g. ankle) _____
Treatment:
 EMS called UTPD Called Student Health Center REC Sports First AID

Report Prepared By

Signature: _____ Date: _____ Time: _____