COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH
CAMPER INJURY REPORT

1. Today's Date	2. Camp Name	3. Address	4. Report ID Number (leave blank) 4-6

5. Age	6. Sex	7. Date of Accident	8. Time of Accident
years 13-14	1 - ☐ M 2 - ☐ F 15	day mo. yr. 7-12	: (24 hr. clock) 16-19

9. Briefly describe the accident and subsequent injury (Please do not include personal identifying information).

10. Location of the incident causing the accident

GENERAL (Check one) *20*

1 ☐ On the campgrounds
2 ☐ Off the campgrounds

Specific (Check one) *21-22*

01 ☐ Sleeping/Living quarters
02 ☐ Kitchen/Dining area
03 ☐ Shower/Toilet
04 ☐ Other Building
05 ☐ Arts and Crafts area
06 ☐ Trail or Nature area
07 ☐ Archery area
08 ☐ Riflery area
09 ☐ Swimming area
10 ☐ Boating area
11 ☐ Horseback area
12 ☐ Sport or Recreational Field or Court
13 ☐ Campfire/Cookout area
14 ☐ Road/Highway
15 ☐ General Campgrounds
16 ☐ Primitive/Outpost Camp
17 ☐ Other

Specify _____

11. What type of event caused the injury? *23-24*

01 ☐ Falling/Stumbling
02 ☐ Collision with person or object
03 ☐ Collision involving motor vehicle
04 ☐ Struck by another person
05 ☐ Struck by missile
06 ☐ Drowning or near drowning
07 ☐ Bite or Sting by animal, insect or spider
08 ☐ Bite or wound inflicted by animal
09 ☐ Contact with excessive heat or flame
10 ☐ Using a tool (including a cutting instrument)
11 ☐ Friction
12 ☐ Contact with sharp object other than tool
13 ☐ Other

Specify _____

12. Activity at the time of the incident causing injury *25-26*

Supervised:

01 ☐ Arts and Crafts
02 ☐ Archery/Riflery
03 ☐ Horseback Riding
04 ☐ Swimming
05 ☐ Boating/Canoeing
06 ☐ Hiking/Climbing
07 ☐ Competitive Sports/Games

Specify _____

08 ☐ Other

Specify _____

Unsupervised:

09 ☐ Fighting
10 ☐ Horseplay
11 ☐ Walking/Running
12 ☐ Other

Specify _____

13. Did light or weather conditions contribute to the injury?

_____ ☐ ☐ _____

SEND TO: MDPH
COMMUNITY SANITATION PROGRAM
250 WASHINGTON STREET-7th FLOOR
BOSTON, MA 02108-4619

Within SEVEN (7) days of occurrence

14. Injury Data (Check as many as applicable)

TYPE OF INJURY 1. Brain 2. Amputation 3. Concussion
4. Crushing 5. Fracture 6. Abrasion 7. Contusion/Bruise 8. Laceration/Cut
9. Puncture 0. Dislocation Y. Sprain/Strain R. Internal T. Other
X. NS/Unknown

Body Part Injured		1 2 3	4 5 6	7 8 9	0 Y R	T X
HEAD/SKULL	30	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐
FACE	31	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐
EAR	32	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐
EYE	33	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐
NECK	34	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐
Upper ARM/SHOULDER	35	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐
Lower ARM/ELBOW	36	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐
HAND/WRIST	37	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐
FINGERS	38	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐
BACK	39	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐
CHEST	40	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐
ABDOMEN	41	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐
PELVIS	42	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐
GENITALIA	43	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐
BUTTOCKS/PERINEUM	44	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐
UPPER LEG/HIP	45	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐
LOWER LEG/KNEE	46	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐
FOOT/ANKLE	47	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐
TOES	48	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐
NOT STATED	49	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐
UNKNOWN	50	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐
GENERAL SYSTEM	51	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐
OTHER	52	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐

15. Where treated?
1. ☐ No treatment given
2. ☐ Treated in camp infirmary first aid station
3. ☐ Treated in hospital Emergency Room, Physician's Office of Clinic
4. ☐ Admitted to Hospital
5. ☐ Other, Specify

_____
_____ 53

16. Was the camper sent home as a result of the injury?
1 ☐ Yes 2 ☐ No 54

17. Injury Result
1 ☐ No Disability
2 ☐ Temporary Disability
3 ☐ Permanent Disability or
4 ☐ Fatal
5 ☐ Unknown
55

18. Was safety equipment available for the camper's use? 56
1 ☐ Yes 2 ☐ No 3 ☐ N/A
If yes, was the camper using the safety equipment properly at the time of the accident?
1 ☐ Yes 2 ☐ No 57

19. Was more than one camper injured?
1 ☐ Yes 2 ☐ No 58

20. Were any changes made in the camp, its environment, or operation as a result of this injury?
1 ☐ Yes 2 ☐ No 3 ☐ N/A 59

If yes, what change?

☐ 01 Supervision (number, activity, or education)
☐ 02 Repairs or improvements
☐ 03 Rules changed or added
☐ 04 Restricted or changed supervisor
☐ 05 Restricted camper
☐ 06 Restricted certain camp areas 60-65