

## Utah Department of Health & Human Services

### REDCap® Student Injury Report System

In 1984, the Child Injury Prevention Program and the Utah State Office of Education initiated a unified Student Injury Reporting (SIR) system for Utah's public schools. This is a voluntary reporting system in which all 40 of Utah's school districts currently participate. The SIR form is completed by school personnel whenever a student injury occurs which meets the established criteria, which are: 1) an injury serious enough to cause the student to miss one-half day or more of school; or 2) an injury that caused the student to be seen by a health care provider.

The goal of the Student Injury Reporting program is to gather accurate data which will help combat common injury problems in the schools. This is accomplished through collection of injury data from Utah schools to identify causes and patterns and by assessing the data in order to target the causes and develop preventions. Utah is one of the few states that has a Student Injury Reporting System.

The form was developed collaboratively by VIPP and the Utah State Office of Education. The Utah Department of Health and Human Services completes the data analysis and generates statewide injury data reports.

#### Why Report?

The Student Injury Reporting System (SIRS) helps to identify where, when, how and why students get hurt at school. By using this information, education officials can pinpoint risk factors at individual schools and develop safety guidelines and prevention programs which can minimize the physical and financial impact of injury on the individual, family, school, and community.

#### What is Reportable?

A reportable school injury is defined as one that causes the student to miss ½ day or more of school, or is serious enough to require treatment by a health care professional (i.e. school nurse, MD, EMT, etc.). This includes injuries that happen while going to or from school, during all school-related activities and anywhere on school property during normal school hours.

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If at any time you have questions or concerns regarding entering or editing a report, please feel free to reach to me @ 385-267-6528 or [studentinjury@utah.gov](mailto:studentinjury@utah.gov).

### **Step 1:**

**Create a UtahID** at <https://id.utah.gov>. Instructions on how to create one and a short video tutorial can be found here: <https://idhelp.utah.gov/account-creation.html>. A verification email will be sent.

*Please note that using the user's professional email address is the preferred method or a cell phone number (sometimes the email can take a while to send the code, if you have questions please reach out to the Project Owner, listed below). If they opt to use a personal email account, a justification note is required from Project Owners stating the reasons for doing so.*

*Multi-Factor Authentication (MFA) will be required for all new UtahID public user accounts. New users will have the option to have the MFA code sent by email or SMS text message. Please note, when a user first registers, the only option available will be email since that is the available method listed on the account until the user adds a mobile phone number to their profile in <https://id.utah.gov>.*

**Open the verification email and enter the code** into the field provided on the UtahID creation webpage.

**Finish setting up UtahID** after numerical code is entered.

**Email Vanonda Kern, Project Owner ([studentinjury@utah.gov](mailto:studentinjury@utah.gov))** letting them know you have created a UtahID. The Project Owner will reply to your email to let you know you can move on. **You will not be able to access REDCap to create an account until you are notified by the Project Owner.**

### **Step 2:**

Fill out the Administrative Form <https://pubredcap.health.utah.gov/surveys/?s=4YH4EWA3PRKKKM83>. The form will be received by the Project Owner and information from the form will be reviewed and entered in for REDCap approval.

Udhhs Administrative Form

AAA

Please complete the survey below.

Thank you!

Why Report?

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What is Reportable?

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Utah ID Information

Instructions for how to sign up for a Utah ID

Attachment: EXTERNAL USERS REDCap.pdf (0.06 MB)

Have you created a Utah ID? ☐ Yes ☐ No [reset](#)

Utah ID Username

Email used to sign up for Utah ID:

User information:

Name:

Email:

## Step 3:

After creating a UtahID and filling out the Administrative Form and it is approved, you will receive an email to create a REDCap account. You will go to <https://pubredcap.health.utah.gov/> to create your account. Once your account is created you will get an confirmation email that your account has been created.

Please make sure that you are logged in with your UtahID at <https://id.utah.gov>. Once you are logged in with your UtahID, open a second browser and go to <https://pubredcap.health.utah.gov/>.

UTAH

An official website

UtahID

[About](#) [Get Help](#) [Contact](#)

UtahID

Sign In

Your UtahID serves as a central key, providing secure access to multiple State of Utah systems. Log in here, then return to the appropriate system to accomplish your work.

Username or Email

☒ Remember Me

[Sign In](#)

Don't have a UtahID? [Create an account](#)

[Forgot password?](#)

## Step 4:

### Entering a New Injury Report

Once you have created a REDCap account you will log in to “My Projects”. (top left of page)

REDCap® Home **My Projects** + New Project Help & FAQ Training Videos Send-It Messenger

Logged in as vikern@utah.gov Profile Log out

## Utah Department of Health & Human Services

REDCap-C19

Welcome to REDCap!

REDCap is a secure web platform for building and managing online databases and surveys. REDCap's streamlined process for rapidly creating and designing projects offers a vast array of tools that can be tailored to virtually any data collection strategy.

REDCap provides automated export procedures for seamless data downloads to Excel and common statistical packages (SPSS, SAS, Stata, R), as well as a built-in project calendar, a scheduling module, ad hoc reporting tools, and advanced features, such as branching logic, file uploading, and calculated fields.

Learn more about REDCap by watching a [brief summary video \(4 min\)](#). If you would like to view other quick video tutorials of REDCap in action and an overview of its features, please see the [Training Resources](#) page.

**NOTICE:** If you are collecting data for the purposes of human subjects research, review and approval of the project is required by your Institutional Review Board. If you require assistance or have any questions about REDCap, please contact [Jennifer Herrmann - REDCap Administrator](#).

**WARNING!!** The following information is private and protected by federal and state law. Access to this information is monitored. You may only access this information for authorized purposes.

Data contained within this system is strictly confidential and any access to or use is limited to authorized individuals within its organization who need to access or use the Data in the performance of assigned duties under the Raid Test Result Reporting Use Agreement. It is a violation of state law (Utah Code Ann. § 26-6-29) for anyone to release or make public the confidential information shared pursuant to this agreement, or by breaching the confidentiality requirements of the Data.

### REDCap Features

- Build online surveys and databases quickly and securely in your browser - Create and design your project using a secure login from any device. No extra software required. Access from anywhere, at any time.
- Fast and flexible - Go from project creation to starting data collection in less than one day. Customizations and changes are possible any time, even after data collection has begun.
- Advanced instrument design features - Auto-validation, calculated fields, file uploading, branching/skip logic, and survey stop actions.
- e-Consent - Perform informed consent electronically for participants via survey.
- Diverse and flexible survey distribution options - Use a list of email addresses or phone numbers for your survey respondents and automatically contact them with personalized messages, and track who has responded. Or create a simple link for an anonymous survey for mass email mailings, to post on a website, or print on a flyer.
- REDCap Mobile App - Collect data offline using an app on a mobile device when there is no WiFi or cellular connection, and then later sync data back to the server.
- MyCap Mobile App - Collect data remotely from participants using this participant-facing mobile application for iOS and Android. Capture survey responses, as well as mobile-sensing or active tasks that are performed by participants using mobile device sensors, and data are automatically sent back to the REDCap server as soon as it is completed and internet connection is available.
- Data quality - Use field validation, branching/skip logic, and Missing Data Codes to improve and protect data quality during data entry. Open data queries to automatically identify and resolve discrepancies and other issues real-time.

You will have your assigned school Districts.

REDCap® Home My Projects + New Project Help & FAQ Training Videos Send-It Messenger

Logged in as vanonobkern@gmail.com Profile Log out

## Utah Department of Health & Human Services

REDCap-C19

Listed below are the REDCap projects to which you currently have access. Click the project title to open the project. [Read more](#) To review which users still have access to your projects, visit the [User Access Dashboard](#).

My Projects [Organize](#) [Collapse All](#)

Filter projects by title

Project Title	Records	Fields	Instruments	Type	Status
<a href="#">Tooie Student Injury Reporting System</a>	1	52	1 form		

REDCap 13.4.10 - © 2023 Vanderbilt University

# Student Injury Report in REDCap

08/11/2025

You click on the school district, you should see the following screen. To add new report click on “Add/Edit Records”

Utah Department of Health & Human Services  
Office of Informatics & Data Systems

Tooele Student Injury Reporting System PID: 187

Project Home

The tables below provide general dashboard information, such as a list of all users with access to this project, general project statistics, and upcoming calendar events (if any).

Current Users (6)	
User	Expires
chloeroghaan@utah.gov (Chloe Roghaan)	never
jhermann@utah.gov (Jennifer Herrmann)	never
mbalough@utah.gov (Meghan Balough)	never
vanondakern@gmail.com (VANONDA KERN)	never
vchidambaram@utah.gov (Valli Chidambaram)	never
vkern@utah.gov (Vanonda Kern)	never

Project Statistics	
Records in project	Total: 1 / In group: 0
Most recent activity	07-17-2023 21:04
Space usage for docs	0.00 MB

Click on “Add new record”

## Add / Edit Records

You may view an existing record/response by selecting it from the drop-down lists below. To create a new record/response, click the button below.

Total records: 58

Choose an existing Record ID

-- select record --

+ Add new record

Data Search

Choose a field to search  
(excludes multiple choice fields)

All fields

Search query

Begin typing to search the project data, then click an item in the list to navigate to that record.

This will bring you to the report. Please make sure to fill out everything needed for the report. The first couple of fields are required to submit the report. Please make sure to “Save & Exit form” after each student. If you are adding a new report to an EXISTING report, see Step 6.

Actions: [Download PDF of instrument\(s\)](#) [Video: Basic data entry](#)

**Student Injury Form**

Adding new Record ID 4998-1.

Record ID 4998-1

**Administrative Information**

Your Name  \* must provide value

Best phone number to reach you  \* must provide value

Best email to reach you  \* must provide value

School Title  
Please select what title best fits your job title at your school/ organization

☐ Advisor/Counselor  
☐ Assistant Principal  
☐ Bus Driver  
☐ Coach  
☐ Paramedics/EMT  
☐ Playground Supervisor  
☐ Principal  
☐ School Nurse  
☐ Secretary/Office Aid  
☐ Substitute Teacher  
☐ Teacher (excluding Coach)  
☐ Teacher's / Playground Aid  
☐ Other  
☐ Trainer  
☐ Health Clerk

School administrator signature  
(Only if required by your school district)

[Add signature](#) [reset](#)

The next section is the student information. NOTE...If you get an "duplicate error" when you enter in the student ID, please see Step 5 & 6. The student already has already had a report.

**STUDENT INFORMATION**

Student ID#

Student's First Name:

Student Last Name

Parent First Name

Parent Last Name

Student Date of Birth  M-D-Y

Student Gender ☐ male ☐ female ☐ other [reset](#)

If "other" please list below

School

School Type

Grade

Date that the injury occurred?  M-D-Y

Time the injury occurred?  H:M

Fatal? ☐ no ☐ yes [reset](#)

## Student Injury Report in REDCap

08/11/2025

You will notice the time is a slider in military time. To enter the time just click on the clock icon.

The screenshot shows a portion of the REDCap form. The 'Time the injury occurred?' field is highlighted in green. To its right is a clock icon and the text 'H:M'. A blue arrow points to the clock icon. A 'Choose Time' modal is open, showing 'Time 15:13' and sliders for 'Hour' and 'Minute'. The modal has 'Now' and 'Done' buttons. Below the time field are 'Fatal?' and 'Description' fields. The 'Description' field is highlighted in yellow and has a 'Description:' label.

Fill out the Description of the injury.

The screenshot shows the 'Description' field, which is highlighted in yellow. It contains a text area for entering the description of the injury. An 'Expand' button is visible at the bottom right of the text area.

If there are witnesses to the incident please make sure to list them here. In some cases, there might not be any witnesses you can leave it blank.

The screenshot shows the 'Witnesses to the incident:' field. It contains a text area for listing witnesses. An 'Expand' button is visible at the bottom right of the text area.



Primary injury, please click on the affected area of body and nature of injury. There is also a section for secondary injury as well. Not all injury will have secondary injury.

INJURY AREA AND SEVERITY	
PRIMARY INJURY	
PRIMARY AREA AFFECTED	<ul style="list-style-type: none"><li><input type="radio"/> Chin/Cheek</li><li><input type="radio"/> Ear</li><li><input type="radio"/> Eye</li><li><input type="radio"/> Forehead</li><li><input type="radio"/> Mouth/Tongue/Lip</li><li><input type="radio"/> Neck/Throat</li><li><input type="radio"/> Nose</li><li><input type="radio"/> Head</li><li><input type="radio"/> Tooth/Teeth</li><li><input type="radio"/> Stomach</li><li><input type="radio"/> Back</li><li><input type="radio"/> Buttocks</li><li><input type="radio"/> Chest/Ribs</li><li><input type="radio"/> Collarbone</li><li><input type="radio"/> Genitalia</li><li><input type="radio"/> Internal</li><li><input type="radio"/> Pelvis/Hip</li><li><input type="radio"/> Shoulder</li><li><input type="radio"/> Ankle</li><li><input type="radio"/> Arm</li><li><input type="radio"/> Elbow</li><li><input type="radio"/> Finger/Thumb</li><li><input type="radio"/> Foot</li><li><input type="radio"/> Hand/Wrist</li><li><input type="radio"/> Knee</li><li><input type="radio"/> Leg</li><li><input type="radio"/> Toe</li></ul>
Primary Nature of Injury	<ul style="list-style-type: none"><li><input type="radio"/> Abrasion/Scrape</li><li><input type="radio"/> Bump/Bruise/Contusion</li><li><input type="radio"/> Burn/Scald</li><li><input type="radio"/> Concussion (possible)</li><li><input type="radio"/> Cut/Laceration</li><li><input type="radio"/> Dislocation (possible)</li><li><input type="radio"/> Fracture/Broken (possible)</li><li><input type="radio"/> Loss of Consciousness</li><li><input type="radio"/> No Pulse/Heartbeat</li><li><input type="radio"/> Not Breathing</li><li><input type="radio"/> Pain/Tenderness Only</li><li><input type="radio"/> Puncture</li><li><input type="radio"/> Shortness of Breath</li><li><input type="radio"/> Sprain/Strain/Tear</li><li><input type="radio"/> Swelling/Inflammation</li><li><input type="radio"/> Other (Use if no other option)</li></ul>

The next section is for Factor/Period/Surface/Location/Activity. NOTE...surface is the surface of the ground the student was on when the injury occurred.

Factors/ Period/ Surface/ Location/Activity	
<b>Factor</b> LIST FACTOR WHICH MAY HAVE LED TO THE INJURY	<input type="radio"/> Animal bite (dog bite etc) <input type="radio"/> Collision with object or person <input type="radio"/> Compression/Pinch <input type="radio"/> Contact with equipment (shop, P.E., Sharp object) <input type="radio"/> Contact with fire, hot liquid or hot object <input type="radio"/> Drug, alcohol or other substance <input type="radio"/> Fall <input type="radio"/> Foreign body/Object <input type="radio"/> Hit with thrown object <input type="radio"/> Overexertion/Twisted <input type="radio"/> Seizure disorder <input type="radio"/> Tripped/Slipped <input type="radio"/> Unknown <input type="radio"/> Weapon (gun, knife, etc) <input type="radio"/> Other (Use if no other option) <div>reset</div>
<b>Period</b> LIST PERIOD DURING WHICH INJURY OCCURRED	<input type="radio"/> After school <input type="radio"/> Assembly <input type="radio"/> Athletic Event (team competition) <input type="radio"/> Athletic practice session <input type="radio"/> Before school <input type="radio"/> Class change <input type="radio"/> Class time (exclude PE) <input type="radio"/> Field Day <input type="radio"/> Field trip <input type="radio"/> Intramural competition <input type="radio"/> Lunch <input type="radio"/> Lunch recess <input type="radio"/> Recess <input type="radio"/> P.E. class <input type="radio"/> Other (Use if no other option) <div>reset</div>
<b>Surface</b> LIST FLOORING OR GROUND SURFACE ON WHICH INJURY OCCURRED	<input type="radio"/> Blacktop <input type="radio"/> Carpet <input type="radio"/> Concrete <input type="radio"/> Dirt <input type="radio"/> Gravel <input type="radio"/> Ice / Snow <input type="radio"/> Lawn / Grass <input type="radio"/> Mats <input type="radio"/> Sand <input type="radio"/> Wood(waxed) <input type="radio"/> Shredded Rubber / Wood Chips <input type="radio"/> Synthetic surface (Spongy surface) <input type="radio"/> Tile / Linoleum <input type="radio"/> Other (Use if no other option) <div>reset</div>

<b>Location</b> LIST LOCATION AT WHICH INJURY OCCURRED	<ul style="list-style-type: none"><li><input type="radio"/> Athletic Field</li><li><input type="radio"/> Auditorium / Multipurpose</li><li><input type="radio"/> Bus Loading area</li><li><input type="radio"/> Classroom</li><li><input type="radio"/> Corridor / Hall (exclude stairs)</li><li><input type="radio"/> Doorway</li><li><input type="radio"/> Gymnasium</li><li><input type="radio"/> Lab (Home Ec, Chem, etc.)</li><li><input type="radio"/> Lunchroom / Kitchen</li><li><input type="radio"/> Playground / Playfield</li><li><input type="radio"/> restroom / Lavatory</li><li><input type="radio"/> School Bus / Public Bus</li><li><input type="radio"/> Shop (Industrial Art, etc.)</li><li><input type="radio"/> Sidewalk / Stairs / Ramp</li><li><input type="radio"/> Street / Driveway / Parking Lot</li><li><input type="radio"/> Other (Use if no other option)</li></ul> <p>reset</p>
<b>Activity</b> LIST ACTIVITY DURING WHICH INJURY OCCURRED	<ul style="list-style-type: none"><li><input type="radio"/> Baseball/Softball</li><li><input type="radio"/> Basketball</li><li><input type="radio"/> Bicycling</li><li><input type="radio"/> Classroom activity</li><li><input type="radio"/> Climbing</li><li><input type="radio"/> Dance/Cheerleading</li><li><input type="radio"/> Dodge ball/War ball</li><li><input type="radio"/> Fighting</li><li><input type="radio"/> Flag/Touch Football</li><li><input type="radio"/> Football</li><li><input type="radio"/> Frisbee</li><li><input type="radio"/> Gymnastics/Tumbling</li><li><input type="radio"/> Jumping</li><li><input type="radio"/> Kickball</li><li><input type="radio"/> Playing on bars (monkey bars/big toy, etc.)</li><li><input type="radio"/> Riding</li><li><input type="radio"/> Running</li><li><input type="radio"/> Roughhousing</li><li><input type="radio"/> Setting up/Moving equipment</li><li><input type="radio"/> Sliding</li><li><input type="radio"/> Sliding on ice</li><li><input type="radio"/> Sitting</li><li><input type="radio"/> Soccer</li><li><input type="radio"/> Standing</li><li><input type="radio"/> Swinging</li><li><input type="radio"/> Throwing rocks or snowballs</li><li><input type="radio"/> Track and field</li><li><input type="radio"/> Volleyball</li><li><input type="radio"/> Walking</li><li><input type="radio"/> Weight Lifting</li><li><input type="radio"/> 4-Square</li><li><input type="radio"/> Wrestling</li><li><input type="radio"/> Other (Use if no other option)</li></ul> <p>reset</p>

The last two section is for Actions Taken and Equipment used.

ACTIONS TAKEN	
Days Absent	<input type="radio"/> No absence or Less than ½ day <input type="radio"/> ½ day <input type="radio"/> 1 day <input type="radio"/> 1½ - 2 days <input type="radio"/> 2½ - 3 days <input type="radio"/> If more than 3 days, then specify #
Medical Attention	<input type="radio"/> Parents deemed no medical action necessary <input type="radio"/> Seen by M.D./ E.R./ health care provider/ hospital/ etc.
Other Actions Taken PLEASE CHECK AND COMPLETE ALL THAT APPLY	<input type="checkbox"/> First Aid Administered <input type="checkbox"/> Parent or guardian notified <input type="checkbox"/> Unable to contact parent/guardian <input type="checkbox"/> Remained in or returned to class <input type="checkbox"/> Sent/taken home <input type="checkbox"/> Parents deemed no medical action necessary <input type="checkbox"/> Checked by school Nurse <input type="checkbox"/> Checked by EMT on staff <input type="checkbox"/> Called 911 <input type="checkbox"/> Seen by M.D./E.R./health care provider/hospital/etc. <input type="checkbox"/> Admitted to Hospital <input type="checkbox"/> Restricted school activity <input type="checkbox"/> Other <input type="checkbox"/> Student transported by Ambulance
Equipment	
Was equipment or apparatus involved in injury?	<input type="radio"/> yes <input type="radio"/> no

If student was seen by medical provider, click on “seen by MD/ER/health care provider/hospital etc.” and a text box will appear to put the diagnosis.

Medical Attention	<input type="radio"/> Parents deemed no medical action necessary <input checked="" type="radio"/> Seen by M.D./ E.R./ health care provider/ hospital/ etc.
If Seen by MD, ER, or health care provider please state diagnosis:	<input type="text"/>

Once the report is complete click “Save & Exit Form”

If you need to save and come back to the report later you can click the down arrow to get more options to save and return later.

The section in **RED** is for DHHS Personnel. Please make sure to leave the report INCOMPLETE, this will be completed by the DHHS Personnel.

**STOP! ADMIN ONLY: A member of the UDHHS will fill out this section and get back to you if more information is needed**

Is the record complete?

☐ Yes  
☐ no  
☐ needs more information

reset

If 'needs more information' please describe:

Is this injury reportable?

☐ Yes  
☐ No

reset

If reportable, please enter diagnosis code:

**Form Status**

Complete?

## Step 5:

### Editing an Injury Report

If a report is reviewed and returned for additional information. You will need to log into REDCap as you did to do the report. Instead of "Add New Record", you will type in the student ID in "Search query".

#### Add / Edit Records

You may view an existing record/response by selecting it from the drop-down lists below. To create a new record/response, click the button below.

Total records: 58

Choose an existing Record ID

-- select record --

**Data Search**

Choose a field to search  
(excludes multiple choice fields)

All fields

Search query

Begin typing to search the project data, then click an item in the list to navigate to that record.

After clicking entering the student ID the report should open in the space below.

## Add / Edit Records

You may view an existing record/response by selecting it from the drop-down lists below. To create a new record/response, click the button below.

Total records: 58	
Choose an existing Record ID	-- select record --
	<a href="#">+ Add new record</a>

Data Search	
Choose a field to search (excludes multiple choice fields)	All fields
Search query Begin typing to search the project data, then click an item in the list to navigate to that record.	<div>2771483</div> <div>"2771483" in Record ID 5251-1 (Student ID# 2771483)</div>

You will see the screen below. To open the record simply click on the little box that opened.

## Add / Edit Records

You may view an existing record/response by selecting it from the drop-down lists below. To create a new record/respor below.

Total records: 58	
Choose an existing Record ID	-- select record --
	<a href="#">+ Add new record</a>

Data Search	
Choose a field to search (excludes multiple choice fields)	All fields
Search query Begin typing to search the project data, then click an item in the list to navigate to that record.	<div></div> <div>"2771483" in Record ID 5251-1 (Student ID# 2771483)</div>

Please make the needed changes and save and exit the report.

## Step 6:


### Adding an additional report to an existing student

You follow the same steps as in Step 5. Open an existing report for the student and “Add New Instance”. You will find it on the right side of the screen or at the bottom of screen.

The screenshot displays the REDCap interface for the 'Student Injury Form'. At the top, there are action buttons: 'Download PDF of instrument(s)', 'Share instrument in the Library', and a video link 'Video: Basic data entry'. The 'Save & Add New Instance' button is circled in red. Below this, the form title 'Student Injury Form' is shown, along with 'Current instance: 1' and 'Data Access Group: Mountain Green'. The main form area is titled 'Editing existing Record ID 5251-1, (Instance #1) (Student ID# 2771483)'. It contains a 'Record ID' field with the value '5251-1' and a note about renaming the record. Below this is the 'Administrative Information' section with three required fields: 'Your Name', 'Best phone number to reach you', and 'Best email to reach you'. At the bottom, the 'Form Status' section shows a 'Complete?' dropdown set to 'Complete'. The 'Save & Add New Instance' button is circled in red, and the 'Delete data for THIS FORM only' button is also visible. A note at the bottom states: 'NOTE: To delete the entire record (all forms/events), see the record action drop-down at top of the Record Home Page.'

# Student Injury Report in REDCap

08/11/2025



**Student Injury Report**  
Violence and Injury Prevention Program  
<https://pubredcap.health.utah.gov> (online form)

**STUDENT INFORMATION**

1. Student ID#: \_\_\_\_\_ 2. Student Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 3. Student's First Name: \_\_\_\_\_ 4. Student Last Name: \_\_\_\_\_  
 5. Student Gender: ( ) male ( ) female ( ) Other: \_\_\_\_\_  
 6. Parent First Name: \_\_\_\_\_ 7. Parent Last Name: \_\_\_\_\_

**SCHOOL INFORMATION**

8. School District: \_\_\_\_\_ 9. School Name: \_\_\_\_\_  
 10. Student Grade: \_\_\_\_\_  
 11. Date that the injury occurred: \_\_\_\_/\_\_\_\_/\_\_\_\_ 12. Time the injury occurred: \_\_\_\_/\_\_\_\_/\_\_\_\_ am ( ) pm  
 13. Fatal? ( ) yes ( ) no

**DESCRIPTION**

14. Description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15. Witnesses to the incident: \_\_\_\_\_

**INJURY AREA AND SEVERITY**

16. Primary Injury: \_\_\_\_\_

Head	Trunk	Extremities
1. Chin/Cheek	10. Stomach	19. Ankle
2. Ear	11. Back	20. Arm
3. Eye	12. Buttocks	21. Elbow
4. Forehead	13. Chest/Ribs	22. Finger/Thumb
5. Mouth/Tongue/Lip	14. Collarbone	23. Foot
		24. Hand/Wrist
		25. Knee
		26. Leg
		27. Toe
		28. Other

17. Primary Nature of Injury: \_\_\_\_\_

1. Abrasion/Scrape	5. Cut/Laceration	9. No Pulse/Heartbeat	13. Shortness of Breath
2. Bump/Blow/Contusion	6. Dislocation (possible)	10. Not Breathing	14. Sprain/Strain/Tear
3. Burn/Scald	7. Fracture/Broken (possible)	11. Pain/Tenderness Only	15. Swelling/Inflammation
4. Concussion (possible)	8. Loss of Consciousness	12. Puncture	16. Other

**FACTORS / PERIOD / SURFACE / ACTIVITY**

18. Factor \_\_\_\_\_ (List factor which may have led to the injury. Record # on line at left)

1. Animal bite (dog bite etc.)	5. Contact with fire, hot liquid or hot object	9. Hit with thrown object	13. Unknown
2. Collision with object or person	6. Drug, alcohol or other substance	10. Overexertion / Twisted	14. Weapon (gun, knife, etc.)
3. Compression / Pinch	7. Fall	11. Seizure disorder	Specify _____
4. Contact with equipment (shop, P.E.)	8. Foreign body/Object	12. Tripped / Slipped	15. Other _____

19. Period \_\_\_\_\_ (List period during which injury occurred. Record # on line at left)

1. After school	4. Athletic practice session	7. Class time (exclude PE)	10. Lunch	13. P. E. class
2. Assembly	5. Before school	8. Field trip	11. Lunch recess	14. Other _____
3. Athletic event (team competition)	6. Class change	9. Intramural competition	12. Recess	

20. Surface \_\_\_\_\_ (List surface during which injury occurred. Record # on line at left)

1. Backdrop	4. Dirt	7. Lawn/Grass	10. Synthetic surface	12. Wood(waxed)
2. Carpet	5. Gravel	8. Mats	11. Tile	13. Other _____
3. Concrete	6. Ice/Snow	9. Sand		14. Shredded rubber / Wood Chips

21. Location \_\_\_\_\_ (List location at which injury occurred. Record # on line at left)

1. Athletic Field	5. Corridor / Hall (exclude stairs)	9. Lunchroom/Kitchen	13. Sidewalk / Stairs / Ramp
2. Auditorium / Multipurpose	6. Doorway	10. Playground / Playfield	14. Street / Driveway / Parking area
3. Bus loading area	7. Gymnasium	11. School bus / Public bus	15. Restroom / Lavatory
4. Classroom	8. Lab (Home Ec, Chem, etc.)	12. Shop (Industrial Arts, etc.)	16. Other _____

22. Activity \_\_\_\_\_ (List activity during which injury occurred. Record # on line at left)

1. Baseball / Softball	7. Dodge ball / Warball	13. Kickball	18. Setting up equip	24. Swinging
2. Basketball	8. Fighting	14. Playing on bars	19. Sliding	25. Throwing rocks or snowballs
3. Bicycling	9. Flag / Touch football	(monkey bars / big toy / etc.)	20. Sliding on ice	29. Wrestling
4. Classroom activity	10. Football	15. Hiding	21. Sitting	30. Other _____
5. Climbing	11. Gymnastics / Tumbling	16. Running	22. Soccer	26. Track and field
6. Dancing / Cheer	12. Jumping	17. Roughhousing	23. Standing	27. Volleyball
			28. Walking	

**ACTIONS TAKEN**

23. Days Absent \_\_\_\_\_ (Record letter of the DAYS absent from school related to the injury on the line at left. If no absence, record letter "a")

a) Less than 1/2    b) 1/2    c) 1    d) 1 1/2 - 2    e) 2 1/2 - 3    f) If more than 3 days, then specify # \_\_\_\_\_ days

24. Medical Attention: \_\_\_\_\_ PLEASE LIST ALL THAT APPLY.

1. First aid	9. Called 911
2. Parent or guardian notified	10. Seen by MD/ED/health care provider. <b>DIAGNOSIS:</b> _____
3. Unable to contact parent/guardian	
4. Remained in or returned to class	11. Admitted to Hospital
5. Sent/Taken home	12. Restricted school activity
6. Parents deemed no medical action necessary	13. Other: _____
7. Checked by school nurse	14. Student transported by Ambulance
8. Checked by EMT on staff	

**EQUIPMENT**

25. Was equipment or an apparatus involved in the injury? ( ) Yes ( ) No    27. Did equipment appear to be used appropriately? ( ) Yes ( ) No  
 26. Was there any apparent malfunction of equipment? ( ) Yes ( ) No    28. Specify equipment: \_\_\_\_\_

Name of Person filling out report: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Title/Position: \_\_\_\_\_  
 Principal's signature: (if needed) \_\_\_\_\_



## STUDENT INJURY REPORT FORM INSTRUCTIONS

This form is to be completed immediately following the occurrence of any injury that is severe enough to:

- a. Cause the loss of one-half day or more of school,
- b. Warrant medical attention and treatment (i.e. school nurse, M.D., E.R., etc.), and/or
- c. Require reporting according to School District policy.

### Item #

- 1-14 Self-explanatory.
- 15 Witness. List any witnesses to the injury
- 16-17 Primary and Secondary injuries. You will always have a Primary injury and in some case you will have a secondary injury. Fill out as needed.
- 18 Factor of injury. What is the nature of the injury.
- 19 Period. What time of the day was the injury. What class period during the day.
- 20 Surface. Describe surface over which injury occurred (i.e. surface upon which child was standing, running, or playing).
- 21 Location. Where did the injury happen.
- 22 Activity. What was the student doing when the incident occurred.
- 23 Days absent. You might need to complete the form days after the injury to get the days absent.
- 24 Medical attention. Fill out all that apply. Make sure to list any diagnosis.  
Equipment. If you mark yes, fill out 25-28.

Student Injury Reporting can also be found online at [c19.health.utah.gov](http://c19.health.utah.gov). Please contact [studentinjury@utah.gov](mailto:studentinjury@utah.gov) to get registered. You will be sent instructions on how to get registered.