



## INJURY INCIDENT REPORT

### Injured Participant Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Team: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Date of birth of injured participant: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Female  Male

Accident Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Accident: \_\_\_\_\_ AM \_\_\_\_\_ PM

Area of Injury (Body Part):  
\_\_\_\_\_

Description of incident occurrence:  
\_\_\_\_\_  
\_\_\_\_\_

Description of treatment/care:  
\_\_\_\_\_  
\_\_\_\_\_

Was an ambulance called?  Yes  No

If an ambulance was called, participant was . . .

Assessed by an EMT only  Treated and transported in an ambulance

Did the participant continue to participate?  Yes  No

Did the participant disregard medical advice?  Yes  No

Was disposal of Biohazard waste necessary?  Yes  No

Is a follow-up phone call to the injured participant recommended?  Yes  No

### Medical Staff Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Medical title (ATC, MD, etc.): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_