



Submit this form with the corresponding online Accident/Injury Report.

HUMAN ACCIDENT/INJURY MEDIC REPORT FORM

TYPE OF INJURY

Please check if: FATALITY SERIOUS INJURY SUSPECTED CONCUSSION/HEAD INJURY OTHER INJURY ILLNESS

INDIVIDUAL INFORMATION

Name: _____ Time: _____ AM PM

SUSPECTED TYPE OF INJURY/INCIDENT

Suspected Head Injury Fractures and Bone Stress Joint (Non-Bone) and Ligament Muscle and Tendon Contusions Lacerations/Abrasions/Skin Lesions
 None Medical Condition or Other: _____

Location of Injury on Body: _____

Description of Treatment: _____

Was the individual treated on site or were they referred to a hospital for further medical attention? _____

QUALIFIED MEDICAL PERSONNEL INFORMATION

Name: _____ Phone Number: _____

Qualification/Certification/License: _____

Signature: _____ Date: _____

Additional Comments: _____

