



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

NOTE: A serious injury is defined as any injury or illness that is potentially life threatening or may result in extended hospitalization.

INDIVIDUAL INFORMATION

Name: _____ Time: _____ ☐ AM ☐ PM

Age: ☐ Junior ☐ Senior Gender: ☐ Male ☐ Female ☐ Nonbinary

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: _____
