

FIRST REPORT OF INJURY FORM

Using this form, Free Park Tennis Activators can report all accidents, injuries, illnesses, or unplanned events which could have resulted in an injury or illness. Once completed, this form must be given to the Park Operator for follow up.

I AM REPORTING AN:	<input type="checkbox"/>	INJURY	<input type="checkbox"/>	ILLNESS	<input type="checkbox"/>	NEAR MISS
--------------------	--------------------------	--------	--------------------------	---------	--------------------------	-----------

YOUR NAME	FREE PARK TENNIS VENUE NAME	DATE OF REPORT
<input type="text"/>	<input type="text"/>	<input type="text"/>

LOCATION OF INCIDENT	DATE OF INCIDENT	TIME
<input type="text"/>	<input type="text"/>	<input type="text"/>

WITNESSES *if any*

INCIDENT DESCRIPTION Describe activities undertaken and sequence of events. *Attach additional pages as necessary.*

What could have been done to prevent this injury / near miss?

What parts of the person's body were injured? If a near miss, how could you have been hurt?

Was medical treatment by you necessary?	IF YES, PLEASE DESCRIBE TREATMENT APPLIED:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>	

Was any qualified medical treatment necessary?	IF YES, PLEASE DESCRIBE TREATMENT APPLIED:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>	

DATE OF VISIT	TIME OF VISIT	HOSPITAL / PHYSICIAN PHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Has this part of the persons body been injured before?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	If YES, when?	<input type="text"/>
--	--------------------------	-----	--------------------------	----	---------------	----------------------

FREE PARK TENNIS ACTIVATOR SIGNATURE	DATE	FREE PARK TENNIS PLAYER SIGNATURE	DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>