INJURY REPORT FORM

Date of injury: _____ Time: _____ AM/PM
Judo Club Venue of injury: _____

Name of injured person: _____

Address: _____
_____

Phone Number(s): _____
Date of birth: _____ Male _____ Female _____

Who was the injured person? (Circle one) Coach Member Visitor Other
Type of injury: _____
Details of injury incident: _____
_____
_____
_____

Injury requires doctor/hospital visit? Yes _____ No _____
Name of doctor/hospital: _____
Address: _____
_____

Doctor/hospital phone number: _____

Signature of Reporting Person: _____
Date: _____

***No medical attention was desired and/or required.**
Signature of injured party _____
Date: _____

Return this form to IJA Office within 72 hours of injury/incident.

****For any Personal Accident Insurance Claims, further Injury Report Forms may be required****