

INJURY

Body part

Nature of injury :

Concussion	<input type="checkbox"/>	Scratch	<input type="checkbox"/>	Type :	New injury	<input type="checkbox"/>
Contusion	<input type="checkbox"/>	Fracture	<input type="checkbox"/>		Recurring	<input type="checkbox"/>
Cut	<input type="checkbox"/>	Unknown	<input type="checkbox"/>		Aggravation of existing condition	<input type="checkbox"/>
Dislocation	<input type="checkbox"/>	Others (specify)	<input type="checkbox"/>		Comments :	_____
Sprain	<input type="checkbox"/>					_____

Witness(es) : _____ **Phone :** _____

<p>First aid :</p> <p>First aid given : yes no</p> <p>If so, by who : _____</p> <p style="margin-left: 40px;">Nom _____</p> <p style="margin-left: 40px;">Job title _____</p> <p>Referred by : Home <input type="checkbox"/> Medical clinic <input type="checkbox"/> Hospital <input type="checkbox"/></p>	<p>Person who filled this report form</p> <p>Name : _____</p> <p>Job title : _____</p> <p>Signature : _____</p> <p>Date : _____ Phone : _____</p>
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FILLING THIS REPORT FORM:

This report must be completed each time there is an accident resulting in injury deemed significant(ambulance, concussions, etc.).

SCENE OF THE ACCIDENT

In this section, please provide the following information:

- Name the park, stadium, school or other ...
- Address (if possible)

To identify as precisely as possible the location of the accident, it is recommended that its indicated by X on the ground (see field diagram)

DESCRIPTION OF THE ACCIDENT

Please include in this section any information that may explain the mechanism of the accident by considering the chronology of events.

DESCRIPTION OF INJURY

Please check the boxes that identify the best location, nature and type of the injury. In the case of multiple injuries, more than one box may be used per item (location, nature, type). In this case, it is recommended to use different symbols (x, ✓, o) . The location, nature and type of each injury will be identified with the same symbol.

WITNESSES

It is recommended to identify the main witnesses of the accident, if any.

COMMENTS FROM THE FIRST AID WORKER THAT WAS ON LOCATION
