



## FIRST REPORT OF INJURY FORM

Use this form to report all accidents, injuries, illnesses, or unplanned events which could have resulted in an injury or illness. In the event of an incident/accident relating to training or faulty equipment/facilities, follow up action should include informing the Chippenham Tennis Club committee of the incident/accident. Contact details can be found on the website as well as the notice board.

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

YOUR NAME	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*

NAME OF INJURED PERSON

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 they have been hurt?

Was medical treatment by you necessary?				IF YES, PLEASE DESCRIBE TREATMENT APPLIED:	
	YES		NO		

Was any qualified medical treatment necessary?				IF YES, PLEASE DESCRIBE TREATMENT APPLIED:	
	YES		NO		
DATE OF VISIT		TIME OF VISIT		HOSPITAL / PHYSICIAN PHONE	

Has this part of the person’s body been injured before?		YES		NO	If YES, when?	
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YOUR SIGNATURE <i>(Name of person completing the form)</i>	DATE