



Accident/Injury Report Form

Name of Injured Party: (Print) _____

CIT Club: _____

Student Number: _____ Course: _____ Year: _____

Date of Injury: _____ Time of Injury: _____

Game CIT v's _____ or Training (please tick):

Location: _____

Nature of Injury: _____

Was this a fresh injury: Yes: No:

If no was it a re-aggravated injury (if so please give details):

Home Address: _____

Term Address: _____

Home No: _____ Mobile No: _____

Nature of Incident :(Give details of how injury occurred): _____

First aid given by: _____

Did you resume Activity? Yes: No:

Was an Ambulance Required? Yes: No:

Did you see a doctor with your injury: Yes: No:

If Yes, Name of Doctor: _____

Did you get referred to A/E? Yes: No:

If yes, What Hospital did you attend: _____

Were you advised to get physiotherapy? Yes: No:

Who advised you: _____

Witness: (e.g. Trainer) _____ Tel: _____

Signature: _____ Date: _____