Member injury report form

FORM TEMPLATE

Check this template against your local regulations and your own policies before you use it.

Name _____ Role _____ Date _____

* Required

Look after the member first. Call an ambulance if they need one, then fill this in before the end of your shift.

Date *

_____

Time *

_____

Where in the club *

For example, the free weights area or the pool deck.

Member's name *

Membership number

What happened *

What the member was doing, and what you saw or were told.

Injury and body part *

For example, sprained left ankle.

First aid given *

Was an ambulance called? *

☐ Yes ☐ No

Witnesses

Names and phone numbers.

Photos

Of the area or equipment, not the member.

Attach: Photos (JPEG or PNG)

Signature *

This report is true to the best of my knowledge.

Signature _____ Name _____ Date _____

For the reviewer

Reviewed by _____ Decision _____ Date _____ Notes _____