



## UNITED STARZ NETBALL CLUB INC - INCIDENT / INJURY REPORT 2021

Details below are those of the injured person. Please complete this form accurately as it may be required as part of an insurance claim. You may need to add further information if the injured person received further medical attention.

DAY: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME: \_\_\_\_:\_\_\_\_ AM/PM

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ TEAM NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

TELEPHONE: HOME: \_\_\_\_\_ MOBILE: \_\_\_\_\_

NATURE OF INJURY/ILLNESS: \_\_\_\_\_

\_\_\_\_\_

CAUSE OF INJURY/ILLNESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TREATMENT AND ADVICE GIVEN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LEVEL OF MEDICAL ASSISTANCE (FIRST AID AT COURT/DOCTOR/AMBULANCE): \_\_\_\_\_

\_\_\_\_\_

OUTCOME OF MEDICAL ASSISTANCE (DOCTOR/AMBULANCE): \_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF INJURED PERSON: \_\_\_\_\_

PRINTED NAME OF INJURED PERSON: \_\_\_\_\_

SIGNATURE OF FIRST AID PROVIDER: \_\_\_\_\_

PRINTED NAME OF FIRST AID PROVIDER: \_\_\_\_\_