



# Incident/Injury Report Form

Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. P.M. (circle one)

Location of Incident/Injury: \_\_\_\_\_

Involved in incident/Injury: Participant Member Staff Other: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Primary Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Is the person involved a Silver Sneaker Member? Yes \_\_\_\_\_ No \_\_\_\_\_ DOB: \_\_\_\_\_

**Description of Incident/Injury:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Description of how incident was resolved/treatment:**

\_\_\_\_\_  
\_\_\_\_\_

Police called: Yes \_\_\_\_\_ No \_\_\_\_\_ Time called: \_\_\_\_\_ AM / PM

Ambulance called: Yes \_\_\_\_\_ No \_\_\_\_\_ Time called: \_\_\_\_\_ AM / PM

Treatment rendered by: \_\_\_\_\_

If a minor, parents notified at time of report: Yes \_\_\_\_\_ No \_\_\_\_\_ Time called: \_\_\_\_\_ AM / PM

Signature of Injured (or Parent/Guardian if present): \_\_\_\_\_

**WITNESS (if Applicable):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Employee Injuries Only:**

- Was employee seen by a doctor? Yes No
- Did employee report back to work? Yes No
- Date returned to work: \_\_\_\_\_

Staff Use Only

Staff member completing the form: \_\_\_\_\_ Date: \_\_\_\_\_

Manager or Director: \_\_\_\_\_ Date: \_\_\_\_\_