

# INJURY REPORT FROM

## Information about injured volunteer:

Name		Social Security #	
Date of Birth		Gender	
Home Address		Phone number	

## Accident Summary

Date of Injury	
Time of Injury	
Specific Injury/ Part of Body Affected/Medical Diagnosis	

## Accident Details:

Street Address	
City	
Private home or facility?	
Was anyone else involved?	
Materials in use during accident	
Activity volunteer was performing	
Sequence of events:	

**Treatment**

<b>Was action taken at site?</b>
<b>Volunteer's Health Provider</b>
<b>If taken to a hospital, which hospital were they taken to?</b>
<b>Comments</b>

**Completed by:**

\_\_\_\_\_  
**Sign name**

\_\_\_\_\_  
**Print name**

**Statement by Injured Volunteer:**

**I have refused treatment or transport to the hospital.**

\_\_\_\_\_  
**Sign name**

\_\_\_\_\_  
**Print name**