



ACCIDENT AND INJURY REPORT FORM

Personal Details

Title: _____ Surname: _____ Given Names: _____

Current address: _____

Suburb: _____ Postcode: _____ State: _____

Home Phone: _____ Fax: _____

Mobile Phone: _____ Email: _____

Date of Birth: _____

Is injured party a (✓): Student: Employee: Other:

Accident/ Injury Details

Date of Accident/ Injury: _____ Time: _____

Location: _____

Type of Injury: _____

How did the Accident/ Injury occur?

Describe the treatment given:

Was patient referred to a Doctor/ Hospital? (If yes, give details)

Accident/ Injury Witness

Name of Witness: _____ Phone no: _____

Email: _____

Type of Injury: _____

Name of First Aider: _____ Phone no: _____

Email: _____

Signature of Injured Person: _____ Date: _____

Signature of Witness: _____ Date: _____

Signature of First Aider: _____ Date: _____