ACCIDENT & INCIDENT REPORT FORM (form SF-6)

ACCIDENT REPORT FORM			
Patient Information	Date:		
Last Name:	First Name:		
Address:			
City:	Postal Code:		
Mobile:	Home Phone:		
Gender Male ☐ Female ☐	Age	Height	Weight
Known medical conditions			

INCIDENT INFORMATION REPORT	
Date & time of incident:	
Time of first intervention:	
Time of medical support arrival:	
Describe the incident (person in charge version)	
Event & Conditions: (name the event when the incident took place, the location, surface quality, light, weather):	
Actions Taken:	
After Treatment, the patient was:	a) sent home
	b) sent to hospital
	c) back on the ice
Form completed by [print]	
Date	Signature