Injury Report Form

Person involved – details			
Full name:			
Date of birth:		Contact details:	
Address:			
Staff ❑	Student ❑	Visitor ❑	Contractor ❑

Injury/illness sustained

Treatment given	
First aider – print name:	

Type of injury/disease (Please tick)			
❑ Amputation	❑ Cut/laceration	❑ Foreign body	❑ Heat related
❑ Bruise	❑ Dislocation	❑ Internal injury	❑ Poisons
❑ Burn	❑ Fracture	❑ Head injury	❑ Sprains/strains
❑ Dermatitis	❑ Allergic reaction	❑ Other (specify)	

Body location		
Injury	**Front view**	**Rear view**
A – Abrasion Bl – Bleeding Bu – Burns C – Contusions D – Deformity F – Fractures L – Laceration P – Pain T – Tenderness S – Swelling		

Medical treatment by health professional

Name/Dr: ______________________________

Ambulance/hospital – inpatient/outpatient

Name of hospital: ______________________________

Signature of person making report			
Print name:			
Signature:			
Contact number:		Date:	

Signature of PICAC management representative			
Print name:			
Signature:			
Contact number:		Date:	