

AWWF Incident Report.



5/11/2011

General			
Incident Location			
Injured Persons Name			
Home Address			
Date of Birth		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Occupation		AWWF Number	
Event name			
Specific Location			
Details of Injury			
Date of Injury		Time of Injury	am <input type="checkbox"/> pm <input type="checkbox"/>
Activity in which the person was engaged at the time of injury			
Nature of injury e.g. fracture, burn, sprain, foreign body in eye including body location.			
Details of Treatment			
Treatment provided by First Aid Officer	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Off site treatment required	Yes <input type="checkbox"/> No <input type="checkbox"/>	Ambulance called.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Doctor/ Medical Centre attended			
Witness information			
Name of Chief Judge		Name Boat Driver	
Name Safety Officer:		Name of Event Judge	
Signature of Chief Judge/Organiser		Date	



Australian Government
Australian Sports Commission

Fax 0260 212228 or e mail to admin@awwf.com.au

Note. An injury requiring medical attention will require a medical clearance to ski again.