

CHJA EMT Report Form

1. Injured Person (e.g. Female Junior Rider, Adult Male Spectator— do not name the individual) :

2. Date and Time of Incident_____

3. Competition Name and Location_____

4. Nature of Injury (include any possible fractures or head injuries)/Narrative:

5. Treatment: On Site___ Transported by Ambulance___ Transported by Other___ None___

Refused Treatment___ Refused Transport___ Other_____

6. By Whom: EMT___ Paramedic___ Physician Trained in Trauma Care___

Nurse Trained in Trauma Care___ Official___ Other_____

7. Describe Treatment: _____

8. Name of on site treating person: _____

Address and Phone_____

9. Name of EMS (Ambulance, Helicopter, etc)_____

10. Facility Transported To: _____

11. Additional Information or Comments:_____

Report completed by_____