INJURY REPORT

SECTION 1: INFORMATION AND INSTRUCTIONS

1. Any injury sustained that required any kind of medical attention must be reported within one week of the accident.

SECTION 2:			
Name of Event if applicable			
Date(s) of Event if applicable			
Sanction Number if applicable			
Individual in charge of the activity			
Club Host:			
SECTION 3: INJURY REPORT			
Name of Participant:			
Age:	Weight:		Sex:
Judo Rank:	? COED MATCH		TCH (USJF ONLY)
Membership Number(s):	? USJI	? USJA	? USJF
Tournament Division:			
Referee on Mat:			
Judges on Mat:			
Nature of Injury:			
Name of Attending Medical Person:			
Did Participant Continue to C	compete?	? Yes	s ? No
Was Participant Taken to a Medical Facility? ? Yes ? No			
Name of Medical Facility:			
What Type of Treatment was Given?			
(Signed Name)	(Printed Name)		(Date)