DESIGN FITNESS EMPLOYEE/CLIENT INJURY INCIDENT FORM

Name of Person Completing Report:			
Report Completion Date/Time:			
General Information			
Injured Name:			
Address:			
City:		**State:**	
Date of Birth:		**Contact #:**	
Where did injury occur in the facility?:			
Date of Injury:		**Time of Injury:**	
Witness(es)?: Yes/No		**Witness Name:**	
How did injury occur? What happened?			
Describe the injury incident the best you can. Tell us how the injury occurred. Include events before or leading up to the injury. Tell us the part of the body that was affected and if there was an object or substance that caused direct harm.			
If treatment given away from Design Fitness, where was it given?			
Signature:		**Date:**	
For Office Use Only			
Report Received By:		**Date:**	
Action Taken/Planned:			