

INJURY REPORT

Note: This form is to be filled out when a CERT Member or Convergent Volunteer is injured while participating in an authorized CERT activation

CERT Area: _____

Name of injured individual: _____

Address: _____ Telephone Number: _____

CERT Member: Yes ____ No ____

Date of injury: ____/____/____ Time of injury: ____:____

Location where injury occurred: _____

Nature of injury: _____

Did the injury require medical attention? Yes ____ No ____

If so, was First Aid administered? Yes ____ No ____

Is further medical attention required? Yes ____ No ____

Was the Injured person transported to a Medical Facility? Yes ____ No ____

Did the individual deny medical attention? Yes ____ No ____

If so, have him/her sign back of form.

Did the activity which caused the injury fall within the scope of CERT training?

Yes ____ No ____

What was the individual doing at the time of injury?

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Were there any witnesses? If so, please fill in the witness information below.

Witness 1.

Name: _____ Telephone Number: _____

Witness Statement: _____

Witness 2.

Name: _____ Telephone Number: _____

Witness Statement: _____

Denial of Medical Treatment

I (print name) _____ am denying medical treatment for my injury.

Signed: _____ Date: _____