

# INCIDENT NOTIFICATION FORM (COMPETITIONS ONLY)



## Details

Competition: \_\_\_\_\_ Venue: \_\_\_\_\_

Senior Referee: \_\_\_\_\_

Tournament Director: \_\_\_\_\_ Date: \_\_\_\_\_

## Incident/Accident

Injured Person Name: \_\_\_\_\_

Club: \_\_\_\_\_ Grade: \_\_\_\_\_ Weight: \_\_\_\_\_

Opponent Name: \_\_\_\_\_

Club: \_\_\_\_\_ Grade: \_\_\_\_\_ Weight: \_\_\_\_\_

## Witnesses

Referee and Judges: \_\_\_\_\_

Senior Recorder: \_\_\_\_\_

Description of what occurred including any allegation of Professional Negligence: \_\_\_\_\_

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## Medical

Was First Aid Administered on site?:    Yes    No

State if sent to Hospital:                    Yes    No

Brief Description of Injury: \_\_\_\_\_

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## Attach Accident Report (if available)

### Officials Signatures

I confirm the above information is to the best of my knowledge is accurate.

Tournament Director Signature: \_\_\_\_\_

Senior Referee Signature: \_\_\_\_\_

### Injuries to be recorded on this form must include:

- Any fracture of suspected fracture (other than to toes, fingers, thumbs)
- Any head injury
- Dislocation or suspected dislocation of the shoulder, hip, knee, spine
- Unconsciousness
- Injury involving either referral to or actual hospital treatment
- Any other serious injury that in the opinion of the club ought to be reported. This is particularly relevant where minors are involved

### Completed form should be sent to:

*British Judo Association, Suite B, Loughborough Technology Centre, Epinal Way, Loughborough LE11 3GE*