



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:

Medical

Was First Aid Administered on Yes No

site?: State if sent to Hospital: Yes No

Brief Description of Injury:

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, Floor 1, Kudhail House, 238 Birmingham Road,
Great Barr, Birmingham, B437AH