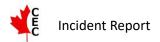


## **CEC Incident Report**

## **Participant**

Name	
Date of birth	
Phone number	
Emergency Contact	
(name and phone number)	
Incident	
Competition and Venue	
Transport or Reference	☐ Ambulance ☐ Personal transport to the hospital
	☐ Medical reference
If transport to hospital, name of the hospital	
Incident details	
Incident circomstances	
Location of the wound on the body and primary observations	



Incident description	
Response, emergency procedures carried out, people contacted	
Other relevant details	
Contact	
Contact	<u> </u>
Name of respondent	
Signature	
Date	