



CEC Incident Report

Participant

Name	
Date of birth	
Phone number	
Emergency Contact (name and phone number)	

Incident

Competition and Venue	
Transport or Reference	<input type="checkbox"/> Ambulance <input type="checkbox"/> Personal transport to the hospital <input type="checkbox"/> Medical reference
If transport to hospital, name of the hospital	

Incident details

Incident circumstances	
Location of the wound on the body and primary observations	

Incident description	
Response, emergency procedures carried out, people contacted	
Other relevant details	

Contact

Name of respondent	
Signature	
Date	