

PLEASE ENSURE A PATIENT CARE REPORT FORM IS FILLED OUT FOR EACH INDIVIDUAL INJURY.

FORM _____ OF _____

Name of Competition: _____ Date (dd-mm-yyyy): _____

Name of Injured Individual: _____ Age: _____

Role of Injured Individual: Athlete ☐ Official ☐ Volunteer ☐ Other: _____

Home Address: _____

Province: _____ Postal Code: _____

Home Tel.: (____) _____ Business Tel.: (____) _____

Competition discipline(s): ☐ Water Ski ☐ Wakeboard ☐ Barefoot ☐ Adaptive ☐ Marathon

Event: ☐ Slalom ☐ Trick ☐ Jump ☐ Freestyle ☐ Sliders ☐ Kickers ☐ Wakeskate

Helmet Worn? Yes ☐ No ☐ Gender: _____

Division: _____

Time of Injury: _____ Years of Competitive Experience: _____

Number of entries in competition: _____ Number of rounds: _____

CONDITIONS

Temperature: _____ Celsius ☐ Fahrenheit ☐

Water: ☐ Calm ☐ Ripple ☐ Slight Chop ☐ Choppy Rough ☐ Rollers

Wind: ☐ None ☐ Light (1- 10 kph) ☐ Moderate (10-20kph) ☐ Strong (20+ kph)

☐ Head ☐ Crosswind ☐ Tail

Light Conditions: ☐ Clear ☐ Cloudy ☐ Rain ☐ Fog ☐ Glare

DETAILS OF THE INJURY

1. How did the injury occur? Be as specific as possible. _____

2. Location of injury on body? _____

3. Type of Injury (bruise, sprain, etc.) _____

4. What factors contributed to the injury (be as specific as possible – continue on additional page if necessary) _____

5. Did the injury involve any on-water obstacle (i.e. jump ramp, slider, kicker, boat, etc.)? _____

Describe: _____

6. What safety equipment was being used (jump pants, trick release, etc?)

7. What could have been done to prevent the injury?

8. Was the athlete removed from the water? _____

Describe the role of the pickup crew? _____

9. First Aid Treatment (Describe): _____

10. If hospitalized or taken to clinic:

Name of Institution: _____

How Transported: _____

Name of physician: _____

11. Other Pertinent Information: _____

12. Did this injury prevent the individual from continuing to compete or be involved in the competition?

Yes ☐ No ☐

13. Names and Roles of Individuals Involved in Treatment (list all individuals who actively participated).
(Additional roles may include Quick Release Operator, Additional Responder, etc.)

Boat Driver: _____ Boat speed at
time of injury?

Observer: _____

Safety Boat Driver: _____

Jumper(s): _____



TOURNAMENT PATIENT CARE REPORT

14. Was follow-up was done with the injured individual? Yes ☐ No ☐ Date: _____

Describe: _____

15. Was follow-up was done with the responders? Yes ☐ No ☐ Date: _____

Describe: _____

SIGNATURES

Safety Director: _____
(please print)

Date: _____
(yyyy-mm-dd)

Signature

Chief of Competition: _____
(please print)

Date: _____
(yyyy-mm-dd)

Signature