

American Judo & Jujitsu Federation Event Injury Report

INSTRUCTIONS:

Every injury sustained during an AJJF sanctioned event that required any kind of medical attention must be reported to the AJJF Manager of Clinics and Contests.

Please attach a copy of the injured participant's tournament entry form to this report.

Mail To: AJJF Central Office
 Attention: Manager of Clinics and Contests
 P.O. Box 8392
 Medford, OR 97504-0392

Date of event _____ Time _____ Mat # _____

Type of Contest: *(circle one)* KATA Contest FREESTYLE Contest

Name of injured Contestant (Please print clearly) _____

Age _____ Sex _____ Jujitsu Rank _____ Division _____

Referee on mat _____

Judges on mat _____

Nature of injury (Briefly describe) _____

How did it occur _____

Chief Cause _____

Did medical person attend to injured contestant? yes/on Name _____

What treatment was given? _____

Did injured contestant continue to participate? _____

Was injured contestant taken to a medical facility? yes/on Facility _____

What treatment was given at the medical facility? _____

Was injured contestant treated as an in-patient or an outpatient? _____

THIS REPORT WAS PREPARED BY:

Name _____ Phone _____

Full Address _____

Email _____

Signature _____ Date _____