

Accident/Injury Report Form

Student Number:	Course/Year:	
	MTU Club	
Do you have Private Health Insura	nce? If yes What Insurer?	
If you have insurance, what is the	plan/policy	
Date of Birth (Day/Month/Year)		
Home Address		
_	Mobile	
Student Email Address –	Information Pertaining to Accident/Injury	
Date of Injury:	Time of Injury:	
If Game MTU v's	or Training (please tick): □	
Location of Incident: (where accident happened?) Nature/Type of Injury:		
Was this a fresh injury: Yes: □ If no was it a re-aggravated	No: □ d injury (if so please give details):	

Nature of Incident :				
(Give details of how injury occurred):				
		-	- V	
First aid given by:				
Did you resume Activity?	Yes: □	No: □		
Was an Ambulance Required?	Yes: □	No: □		
Did you see a doctor with your injury:	Yes: □	No: □		
If Yes, Name of Doctors	: 			-
Did you get referred to A/E?	Yes: □	No: □		•
If yes, What Hospital did you attend:				-
Were you advised to get physiotherapy?		Yes: □	No: □	
If Yes, Who advised you?		,		-
Witness: (e.g. Trainer)			Contact No:	<u></u>
Other: If there is other information that you wi			t to the nature of the Accident/Inju	
I hereby certify that to the best of my knowledg and that I have withheld no material fact conce		•	-	l herein are fully made
Signature:	Date _		Received By	
In the event of the claimant	not being	g able to s	ign it should be signed by a respons	ible.

the injured party may need to access the University's Insurance Policy at a further date following completed diagnosis please see attached a copy of the University's Insurer's Policy which needs to be completed and a copy sent to insurance@mtu.ie, and a further copy held with the MTU Sports Office Accident/Injury Report Form at the Sports Office.