

Accident/Injury Report Form

Student Number: _____

Course/Year: _____

Name of Injured Person: (Print) _____ MTU Club _____

Do you have Private Health Insurance? _____ If yes What Insurer? _____

Date of Birth (Day/Month/Year) _____

Home Tel No: _____ 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: ☐ No: ☐

If no was it a re-aggravated injury (if so please give details): _____



Nature of Incident : _____

(Give details of how injury occurred):

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: ☐

Did you get referred to A/E? Yes: ☐ No: ☐

Were you advised to get physiotherapy? Yes: ☐ No: ☐

Witness: (e.g. Trainer) _____ Contact No: _____

Other: If there is other information that you wish to add pertinent to the nature of the Accident/Injury please give details;

I hereby certify that to the best of my knowledge and belief, the statements and particulars contained herein are fully made and that I have withheld no material fact concerning the accident or injured party.

Signature: _____ Date _____ Received By _____

In the event of the claimant not being able to sign it should be signed by a responsible.

If in the event that this Injury will require to be processed further through the University's Insurance Policy or you deem that 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 kyra.dunne@cit.ie and a further copy held with the MTU Sports Office Accident/Injury Report Form at the Sports Office.