

# Medical Injury Report Form - Pickleball

Time/Date \_\_\_\_\_

Location/Facility \_\_\_\_\_

Name of Injured Person \_\_\_\_\_

Name of Person Completing This Form \_\_\_\_\_

## Detail Injury Incident

---

---

---

---

---

Witnesses (names & contact info) \_\_\_\_\_

---

---

## Other Participants (names)

---

---

## On Site Care Given

---

---

---

---

## Injured Person Condition on Leaving Premise

---

---