



*a real understanding of the fitness industry*

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## HEALTH CLUB INCIDENT REPORT

(TO BE COMPLETED BY ACTING MANAGER)

TODAY'S DATE:	DATE OF INCIDENT:	TIME OF INCIDENT:	AM/PM
Name of Club:			
Address:			
Phone #:	Contact Person Name & Phone #:		
Name /Job Description of Person Completing this Form:			
<b>ABOUT THE INJURED PERSON</b>			
Name of Injured Person:		Age:	Sex: Male/Female
Address:		How long has this person been a member?	
Home Phone:	Work Phone:	Cell Phone:	
<b>ABOUT THE INCIDENT</b>			
Describe the incident in detail:			
Describe the possible injury (ie: cut, sprained ankle, broken bones):		List any type of treatment performed at the club:	
Was 911 Called? ? <input type="checkbox"/> YES <input type="checkbox"/> NO Did they go to the hospital or see a doctor? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If treatment performed by a doctor please complete following (if known):			
Physician Name:		Hospital Name:	
Address:		Phone #:	
<b>ABOUT THE EQUIPMENT INVOLVED</b>			
Describe the type of equipment involved (Make/Model):		Was the maintenance department notified? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what corrective actions were taken?	
If applicable to the incident, make any comments concerning the use of the equipment at the time of the incident:			
<b>ABOUT THE WITNESSES - IF ANY</b>			
Were there any Witnesses? <input type="checkbox"/> YES <input type="checkbox"/> NO *If so, have each witness write a brief statement about what happened, include their name(s) , phone number(s), and attach to this form.			

MANAGER SIGNATURE: \_\_\_\_\_

**ATTACH A COPY OF MEMBER'S CONTRACT & ANY OTHER APPLICABLE PAPERWORK  
FAX COMPLETED REPORT IMMEDIATELY TO 720-279-8321 OR EMAIL TO  
CLAIMS@FITNESSINSURANCE.COM**