



# NATIONAL SKI PATROL SYSTEM, INC. EUROPEAN DIVISION ACCIDENT REPORT



INCIDENT NO:		DATE:		TIME:		<input type="checkbox"/> AM <input type="checkbox"/> PM				
INJURED PERSON DATA	NAME:			DOB:		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE				
	ADDRESS:			AGE:		HT:				
	CITY/STATE/ZIP:			PHONE:		WT:				
	SKI INSURANCE? <input type="checkbox"/> NO <input type="checkbox"/> YES		COMPANY:		POLICY NO:					
S A M P L E	<b>SIGNS &amp; SYMPTOMS:</b>									
	ALLERGIES? <input type="checkbox"/> IF YES, <input type="checkbox"/> NONE WHAT?				MEDICATIONS? <input type="checkbox"/> IF YES, <input type="checkbox"/> NONE WHAT?					
	PAST HISTORY? <input type="checkbox"/> IF YES, <input type="checkbox"/> NONE WHAT?				LAST MEAL? WHEN / WHAT?					
					ALCOHOL? <input type="checkbox"/> IF YES, <input type="checkbox"/> NONE WHAT?					
					WHEN?		HOW MUCH?			
	EVENTS LEADING TO ACCIDENT: (IN PATIENT'S OWN WORDS)									
	IS THERE ANYTHING ELSE I SHOULD KNOW ABOUT YOUR HEALTH? <input type="checkbox"/> NO <input type="checkbox"/> YES EXPLAIN:									
VITAL SIGNS	INITIAL READING	TIME:	PULSE: (RRS)		(PPT) <input type="checkbox"/> A <input type="checkbox"/> V <input type="checkbox"/> P <input type="checkbox"/> U	TRANSPORT READING	TIME:	PULSE: (RRS)		(PPT) <input type="checkbox"/> A <input type="checkbox"/> V <input type="checkbox"/> P <input type="checkbox"/> U
			RESPIRATIONS:					RESPIRATIONS:		
<b>REFUSAL OF AID STATEMENT</b>										
<b>" I ACKNOWLEDGE THAT I HAVE REFUSED SKI PATROL FIRST AID ASSISTANCE AND WILL NOT HOLD THE NATIONAL SKI PATROL SYSTEM INC. OR THE UNITED STATES GOVERNMENT LIABLE."</b>										
SIGNATURE OF PERSON REFUSING AID								DATE:		
REFUSAL WITNESS	NAME:					PHONE:				
	ADDRESS:									
PRINTED NAME OF PERSON FILLING OUT THIS FORM										
SIGNATURE								DATE:		
<b>DISTRIBUTION</b>										
ORIGINAL - PATROLLER				COPY 1 - DIVISION OEC SUPERVISOR				COPY 2 - PATROL OEC COORDINATOR		