



# 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:		
PROBABLE INJURIES								
<b>REFUSAL OF AID STATEMENT</b>								
<b>" I ACKNOWLEDGE THAT I HAVE REFUSED SKI PATROL FIRST AID AND WILL NOT HOLD THE NATIONAL SKI PATROL OR THE AMERICAN 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		