**INJURY / ILLNESS REPORT**

INDIANA STATE DEPARTMENT OF HEALTH

**Rules and Instructions:**

1. **Rule 410 IAC 6-2.1** requires that for each occurrence that:
   - Results in death,
   - Requires resuscitation,
   - Results in transportation to a hospital or other facility for medical treatment,
   - Results in an illness connected to the water quality at the pool
   be reported to the department within ten (10) days.

**Please Print All Information.**

<table>
<thead>
<tr>
<th>Facility Information</th>
<th>Facility Identification Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Facility</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Street Address, City, State, ZIP Code</strong></td>
<td>County</td>
</tr>
<tr>
<td><strong>Contact Person (First, Last Name)</strong></td>
<td>Telephone Number</td>
</tr>
<tr>
<td><strong>Operator on Duty (First, Last Name)</strong></td>
<td>Certified Pool Operator</td>
</tr>
</tbody>
</table>

**Description of Incident**

<table>
<thead>
<tr>
<th>Date of Injury / Illness (mm/dd/yy)</th>
<th>Time of Day</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Person Affected (First, Middle Initial, Last Name)</strong></td>
<td>Sex</td>
</tr>
<tr>
<td><strong>Street Address, City, State, ZIP Code</strong></td>
<td>Date of Birth (mm/dd/yy)</td>
</tr>
<tr>
<td><strong>Attending Physician (First, Middle Initial, Last Name)</strong></td>
<td>Telephone Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was Facility Open for Swimming?</th>
<th>Was Resuscitation Required?</th>
<th>If Yes, then Performed by:</th>
<th>AED Device Used?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**Result of Incident**

- Died
- Hospitalized
- Treated and released

If Death, Cause of Death:

- Lifeguard Present?
  - Yes
  - No

**How did injury/illness occur? (attach additional sheets if needed):**

**Description of Injury**

<table>
<thead>
<tr>
<th>Type of Injury:</th>
<th>Burn</th>
<th>Concussion</th>
<th>Cut / Puncture</th>
<th>Dislocation</th>
<th>Fracture</th>
<th>Suffocation / Drowning</th>
<th>Near Drowning</th>
<th>Spinal Injury</th>
<th>Other – Specify:</th>
</tr>
</thead>
</table>

**Area Injured (when other than Drowning or Near Drowning):**

- Arm / Shoulder
- Back
- Face / Eyes
- Foot / Ankle
- Hand / Wrist
- Head / Neck
- Leg / Hip / Knee
- Respiratory System
- Trunk

**Where did injury Occur?**

- In Pool or Spa
- Deck / Walkway
- Locker Room
- Diving Board
- Water Slide
- Other – Specify:

**Description of Illness**

<table>
<thead>
<tr>
<th>Date of Onset of Symptoms (mm/dd/yy)</th>
<th>Number of Persons Affected:</th>
</tr>
</thead>
</table>

**Symptoms (check all that apply):**

- Cramps
- Dermatitis
- Diarrhea (< 3 stools / Day)
- Diarrhea – Other – Specify Definition:
- Visible Blood in Stool
- Ear Infection
- Fever
- Nausea
- Respiratory Symptoms
- Strep Throat
- Rash
- Vomiting
- Other – Specify:

**Signature: ________________________________ Date: (mm/dd/yy) ____________________**