

IGRA RODEO INJURY REPORT

Date: _____

To: Health and Safety Committee
c/o IGRA
PO Box 460504
Aurora CO 80046-0504

Rodeo Location: _____

Gender: Male Female

Day: Saturday Sunday Event: _____

First Time in this Event: Yes No

Contestant Level: New Contestant
 Novice (1st Year)
 Experienced (2nd Year +)

Please provide a brief description of the injury:

Do you believe that a prior injury or condition contributed to the injury? Yes No

Treatment Level Provided:

- First Aid only (self care, IGRA member care or non-professional care)
- EMT/Paramedic or professional care (on-site ambulance crew or RN, MD, PA)
- Hospital care (includes urgent care centers) - treatment and release
- Hospital care (in-patient admission or observation admission)

Did the injury result in a fatality? Yes No

Contact Information:

Arena Director: _____ Phone # _____

Chute Coordinator: _____ Phone # _____

Stock Contractor: _____ Phone # _____

Health and Safety Committee Use Only:

- Injury type:**
- (1) Musculoskeletal injury
 - (2) Skin injury
 - (3) Nervous system injury
 - (4) Respiratory injury
 - (5) Circulatory system injury

- Injury Classification:**
- Severity Score 1
 - Severity Score 2
 - Severity Score 3

Date received: _____

Date processed: _____

An injury is any disruption in the structure or function of the body secondary to a rodeo-related event.