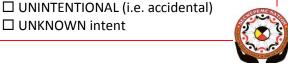
INJURY SURVEILLANCE FORM

(all information is confidential) Give completed form to: Skwlax Wellness Centre Ph: 250-679-3702 BACKGROUND INFORMATION FOR INJURED PERSON Date of Injury (Year/Month/Day) (Date of Birth (Year/Month/Day) (☐ Male ☐ Female Gender Age: ____ **COMMUNITY INFORMATION COMMUNITY OF INJURY** (community where injury occurred): **COMMUNITY OF RESIDENCE** (community where injury person lives): INJURY EVENT INFORMATION Was the injury WORK RELATED? TIME OF INJURY ☐ YES ☐ NO (1) □ 12 AM – 4 AM (4) ☐ 12 PM – 4 PM (2) □ 4 AM − 8 AM (5) □ 4 PM − 8 PM Was the injury SPORTS RELATED? (3) □ 8 AM – 12 PM (6) □ 8 PM – 12 AM ☐ YES ☐ NO (7) □ UNKNOWN PLACE OF INJURY ☐ Home(inside a home or on home property) ☐ Outdoor Recreational Area (e.g. rodeo ground) ☐ Playground ☐ Indoor Recreational Area (e.g. indoor hockey arena) ☐ Daycare ☐ Public Place (e.g. shopping mall, church) ☐ School ☐ Wilderness/Bush ☐ Roadway ☐ OTHER (please specify) If known-specify place of injury (location) e.g. name of playground, school, public place) Describe WHAT the injured person was doing when the injury occurred, what went wrong, and what actually caused the injury (please indicate if ☐ UNKNOWN) Explain WHY the injury occurred (e.g. medical problems, recent depression, weather or road conditions) PROTECTIVE EQUIPMENT ADDITIONAL CIRCUMSTANCES Unknown ☐ Not applicable ☐ Unknown ☐ Not Applicable ☐ Protective **occupational** ☐ Alcohol ☐ Seatbelt ☐ Solvents equipment (e.g. eye goggles) ☐ Child restraint ☐ Protective **recreational** ☐ Prescription drugs ☐ Helmet ☐ Over the counter drugs equipment (e.g. knee pads) ☐ Smoke/Fire Alarm ☐ Illicit drugs ☐ OTHER (please specify)



☐ Intentional (harmed by SELF)

☐ Intentional (harmed by ANOTHER PERSON)

☐ OTHER (please specify)

INTENT OF INJURY

☐ Life jacket/Survival suit

☐ UNKNOWN intent

CAUSE OF IN	IJURY – check (✓)	one only:					
BURN Chemical Electricity Explosion Flames Hot object or liquid	VEHICLE RELATED	PERSON or OBJECT ☐ Animal kick ☐ Bite (animal- insect-person) ☐ Bullet ☐ Collision with person or object (include assault) ☐ Knife or other weapon ☐ Power tool/other household implement ☐ Sexual assault	POISONING Alcohol Gas Household cleaner or chemical Illicit drugs Over the counter drug Plant/Bush Prescription drugs	FALL □ Bathtub-Sink- Toilet □ Furniture □ Icy or wet surfaces □ Medical condition □ Natural terrain (including roots- rocks-trees) □ Playground equipment □ Sports □ Stairs or steps	□ Cold □ Heat	OTHER CAUSE ☐ Drowning ☐ Foreign body in natural opening ☐ Hanging	
OTHER for a	ny of the above cause:	s of injury (please spec	cify)				
NATURE OF INJURY (body region codes) 1) Teeth 2) Eyes 3) Head 4) Face 5) Neck 6) Chest/Abdomen 7) Back 8) Shoulder/Arm/Hand 9) Hip/Leg/Foot 10) Spinal cord 11) Internal organs 12) Multiple sites (please specify) 13) In your opinion, which was the MOST SERIOUS injury? (please specify)		e #s ry	Code #s Check MOST SERIOUS (✓)TYPE OF INJURY Amputation Bruising/Scrape Burn Choking, unable to breath Concussion Head injury Crushing injury Cut/Laceration Dental injury Dislocation Fracture (broken bone) General or multi-system trauma Hemorrhage or damage to blood vessels Inflammation, swelling, pain Penetrating wound/Puncture Poisoning Sprain/Strain		form An Ba Office Ca Mem 10 Hosp Da Fir Heels Specif	form completed? Ambulance Band/Council Office Cariboo Memorial Hospital 100 Mile House Hospital Daycare Fire Station Health Centre	
Were there OT ☐ YES ☐ N	THER PEOPLE INJURE NO □ Unknown	ED in this injury inci		- How many were indicate if number is u	-		
□ NO treatme □ TREATED-re □ REFERRED-t		☐ SELF-treatr ☐ REFUSED-t al ☐ ADMITTED	reatment	□ DEATH □ OTHER (pl	ease specify)		
UNIQUE IDEN		DATA ENTR	Y STAFF O	N L Y			
3 401 1011				nd Identifier) + (4 dig	it Case Numb	per)	