



**U3A SOUTHERN HIGHLANDS INC**  
**INCIDENT/ACCIDENT REPORT**

Completed Incident/Accident Forms are to be sent to the Secretary.

COURSE: \_\_\_\_\_

MEMBER'S NAME:  
\_\_\_\_\_

COURSE LEADER:  
\_\_\_\_\_

DATE OF INCIDENT/ACCIDENT/INJURY: \_\_\_\_\_

TIME: \_\_\_\_\_

WHAT HAPPENED:  
\_\_\_\_\_  
\_\_\_\_\_

NATURE OF INJURY  
\_\_\_\_\_

BODILY LOCATION OF INJURY  
\_\_\_\_\_

ACTION TAKEN:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WITNESS NAME (1): \_\_\_\_\_

WITNESS NAME (2): \_\_\_\_\_

SIGNATURES:  
MEMBER \_\_\_\_\_

COURSE LEADER \_\_\_\_\_

WITNESS (1) \_\_\_\_\_ WITNESS (2) \_\_\_\_\_

Please return as soon as possible to Secretary, U3A Southern Highlands, P.O. Box 421, BOWRAL NSW 2576

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