



Lexington-Fayette County Health Department

Environmental Health
650 Newtown Pike
Lexington, KY 40508-1197
(859) 231-9791
(859) 231-9459 Fax

SWIMMING POOL ACCIDENT/INJURY REPORT

Name of Pool _____
Address _____

Victim Information

Name _____ Age _____ Male _____ Female _____

Address _____
STREET CITY STATE ZIP

Date of Accident/Injury _____ Time _____

Description of Accident/Injury (include part of body injured; how injury occurred, etc.)

Treatment Given at Pool Site

After Accident/Injury, Victim went to:

Normal Activities _____ Physician _____ Home _____ Hospital _____

Were any of the following agencies called to the site:

Fire Dept. _____ Police _____ Ambulance _____ Other _____

Form Completed by: _____ Title: _____

Phone # _____ Date _____

This report must be mailed to the above address within five (5) days of the accident/injury.