

NASSAU COUNTY DEPARTMENT OF HEALTH OFFICE OF RECREATIONAL FACILITIES 200 County Seat Drive Mineola, NY 11501

REPORT OF SERIOUS ACCIDENT OR ILLNESS AT A BATHING FACILITY

ATTENTION: BATHING FACILITY OPERATORS

A serious accident or illness is defined as one:

- resulting in DEATH or;
- requiring RESUSCITATIVE ACTION or;
- requiring the transportation of a victim to a HOSPITAL, CLINIC or PHYSICIAN'S OFFICE for any additional medical treatment

Report every serious accident or illness to this department promptly by:

- 1. Telephone: 227-9717 Monday through Friday 9:00 AM 4:30 PM Fax: 227-9559
- 2. Weekends, holidays, and non-business hours telephone 742-6154.
- 3. Complete and submit this form within *24-HOURS* to the address given above.

NAME OF BATHING FACILITY:	NAME OF VICTIM:		
	LAST	FIRST	MI
ADDRESS:	ADDRESS OF VICTIM:		
DATE & TIME OF ACCIDENT/ILLNESS OCCURRED:	TELEPHONE NUMBER:		DF BIRTH AGE
EXACT LOCATION OF ACCIDENT/ILLNESS:	WAS ACCIDENT/ILLNESS FATA	L? YES	NO
TYPE OF AID RENDERED:	DISPOSITION OF VICTIM:	REMOVED TO	REMOVED TO
NONE RESUSCITATIVE ATTENTION OTHER FIRST AID	REFUSED FURTHER AID REMOVED TO H	OSPITAL PHYSICIANS OFFICE	MEDICAL EXAMINERS OFFICE
NAME OF PERSON SUBMITTING REPORT [PRINT]:	TITLE OF POSITION [PRINT]:		DATE:
SIGNATURE OF PERSON SUBMITTING REPORT:	FOR OFFICE USE ONLY: REVIEWED I	BY:	DATE:
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