Mandatory Report of Illness, Injury, or Death Attributed to a Public Swimming Pool

Name of Facility: __________________________________________________________
Physical Address: __________________________________________________________
City/State/Zip: _____________________________________________________________
Contact Person: ____________________________________________________________
Contact Phone: _____________________________________________________________

Type of Report: ☐ Death  ☐ Serious Injury  ☐ Bather Complaint of Illness
Date of Incident/Onset of Illness: _____________________________________________

Name of Injured/Complainant: _______________________________________________
Address: _________________________________________________________________
City/State/Zip: _____________________________________________________________
Phone Number: ____________________________________________________________

Description of Injury or Complaint*: 
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Name(s) and Telephone Number(s) of Person(s) Rendering First Aid or Assistance:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Name of Hospital, Rescue Squad, or Physician Providing Medical Treatment:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Name(s) and Phone Number(s) of Witnesses to the Incident:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

* Attach additional sheets as needed to provide complete details of the incident or illness.

Submit completed report to the Mecklenburg County Health Department within 2 working days of any accident, injury or death attributed to a public swimming pool. Information may be called in to the office at (980) 314-1620 or faxed to (704) 336-5306.