
Type of Injury or Illness (please **CIRCLE** the **primary injury or illness**, tick others that apply)

N/A	Blister	Dental	Gastrointestinal	Psychological
Abrasion	Burn	Dislocation	Heat-Related	Sprain
Anaphylaxis	Cardiac	Exhaustion	Hypothermia	Strain
Allergy, other	Concussion	Flu symptoms "cold"	Laceration	
Asthma	Contusion	Fracture	Lightning	Other _____
Bite _____	Dehydration	Frostbite	Pre-existing	

Anatomical Location of Injury (please **CIRCLE** the **primary location**, tick others that apply)

N/A	Eye L R	Hand/Fingers L R	Lower Leg L R	Toe L R
Abdomen	Face	Head	Neck	Upper Arm L R
Ankle L R	Foot L R	Hip L R	Pelvis	Upper Back L R
Chest	Forearm L R	Knee L R	Shoulder L R	Wrist L R
Elbow L R	Genitalia	Lower Back	Thigh L R	Other _____

Please send Incident Report forms to info@polartourismguides.com and thanks for sharing this important data.