FIE Events - Medical Withdrawal Form

# Athlete Name: Athlete Email: Athlete Phone#:

**Date (D/M/Y)**

**Category**

**Weapon**

**Event**

**Injury Region**

e.g., right or left, specific location

**Injury/Illness**

e.g., sprain/strain or systemic

**Mechanism**

and/or referral to hospital.

**Acute/Chronic**

Photos of injury Athlete permission

**Treatment**

and/or referral to hospital.

**If Systemic**

**Additional Notes**

Nationality: Gender: Male Female

# Athlete Handedness: R L

**Location:**

Cadet Jr Sr Vet

Foil Epee Sabre

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  | WC Individual Team GP Zonal Championships World Championships |
|  |  |
|  |  |
|  |  |
|  | *Email photos: summersjss@gmail.com* |
|  |  |
|  |  |
|  |  |

Medical Provider Name: Email:

(printed)

# Signature: Date:

Athlete Signature: Date:

*20222-2023 Version*