

A1	<b>Date</b> (dd/mm/yyyy)	
A2	<b>Location</b>	
A3	<b>Category</b>	<input type="checkbox"/> Cadet <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Veteran
A4	<b>Weapon</b>	<input type="checkbox"/> Foil <input type="checkbox"/> Epee <input type="checkbox"/> Sabre
A5	<b>Event</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Grand Prix <input type="checkbox"/> Satellite <input type="checkbox"/> Zonal Championships <input type="checkbox"/> Team <input type="checkbox"/> World Cup <input type="checkbox"/> World Championships
A6	<b>Medical Delegate</b>	<input type="checkbox"/> FIE Medical Delegate <input type="checkbox"/> Zonal Medical Delegate <input type="checkbox"/> No Medical Delegate
A7	<b>Athlete Name</b>	
A8	<b>Athlete Nationality</b>	
A9	<b>Athlete Handedness</b>	<input type="checkbox"/> Right <input type="checkbox"/> Left
A10	<b>Athlete Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female

B1	<b>Injury region</b> (Side of the body, specific part)	
B2	<b>Type of injury</b> (i.e. distortion, laceration, cramp, contusion)	
B3	<b>Mechanism</b> (i.e. fencer stepped on the piste border and twisted ankle, opponent tip hit)	
B4	<b>If systemic</b> (Describe symptoms and status)	
B5	<b>Injury occurrence</b>	<input type="checkbox"/> New injury / medical condition <input type="checkbox"/> Aggravation of the previous condition Description: _____
B6	<b>Additional remarks about injury</b>	
B7	<b>Medical treatment provided</b>	
B8	<b>Medical treatment provider</b>	<input type="checkbox"/> Local Organizational Committee medical personnel <input type="checkbox"/> Medical staff from athletes' national team <input type="checkbox"/> Medical staff from another national team: _____

## FIE Medical Time-Out Report

B9	In the opinion of the medical delegate, was the provided treatment optimal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B10	Did the athlete resume and finish the bout/match after the medical time-out expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B11	Did the athlete continue to compete in subsequent bouts/matches after this time-out?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B12	Did the athlete compete in the team event a day or more after the medical time-out?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B13	Has the athlete been granted another medical time-out during the same bout/match?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B14	Were medical time-outs granted to an opponent during the same bout/match?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B15	Was the athlete subsequently referred to the hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B16	Were there some subsequent medical treatments, after the bout?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B17	Were there any photos of the injury? (send photos to <a href="mailto:medical.report@fie.org">medical.report@fie.org</a> )	<input type="checkbox"/> Yes <input type="checkbox"/> No

C1	When during the competition did this incident happen? (Pools, table 64, table 32, semifinals...)	
C2	Strip where the incident occurred	
C3	Score at the time of the incident (injured athlete : opponent)	:
C4	Local time incident occurred	
C5	Time left in the bout	
C6	Time passed from when the referee stopped the bout/match to when the medical professional arrived to help the injured athlete	
C7	Time passed from when the referee stopped the bout/match to when the FIE medical delegate granted a medical time-out	
C8	Time passed from when the FIE medical delegate granted medical time-out to when needed medical treatment started	
C9	Actual time used for injured athletes who needed medical treatment	
C10	Did the treatment provided allow for an acceptable recovery of the injured fencer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C11	To continue the bout/match after medical time-out could have worsened the injury or exacerbated an observed or known pre-existing pathology?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C12	Would an extension of medical time-out beyond 5 minutes have resulted in adequate recovery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C13	If the answer to the last question is Yes, elaborate on the optimal length of time-out, keeping in mind the impact on the viewing public.	
C14	Additional remarks about spent time and efficiency	

D1	Medical delegates' general opinion about this medical time-out	
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Medical Delegate: \_\_\_\_\_

Medical Delegates' signature: \_\_\_\_\_