FIE Events - Medical Replacement and Clearance Form

/2025

Athlete Name: _____ Nationality: _____

Athlete Email: _____ Gender: ☐ Male ☐ Female

Athlete Phone #: _____ Athlete Handedness: ☐ Right ☐ Left

A1	**Date** (dd/mm/yyyy)	
A2	**Location**	
A3	**Category**	☐ Cadet ☐ Junior ☐ Senior ☐ Veteran
A4	**Weapon**	☐ Foil ☐ Epee ☐ Sabre
A5	**Event**	☐ Grand Prix ☐ Satellite ☐ Zonal Championships ☐ World Cup ☐ World Championships

B1	**Injury region** (Side of the body, specific part)	
B2	**Type of injury** (i.e. distortion, laceration, cramp, contusion)	
B3	**Mechanism** (i.e. fencer stepped on the piste border and twisted ankle, opponent tip hit)	
B4	**If systemic** (Describe symptoms and status)	
B5	**Medical treatment**	

C1	**Treatment provider**	☐ Local medical personnel ☐ Medical staff from national team ☐ Other
C2	**Additional info.** (send photos to medical.reports@fie.org)	☐ New injury / medical condition ☐ Aggravation of the previous condition Description: _____ ☐ Are there photos of the incident ☐ Athletes' permission for photo documentation
C3	**Time** (i.e. pool stage, table 64, semifinal)	☐ Athlete was Replaced during the Match Competition stage when the injury occurred: _____

Medical Official Name: _____ Email: _____
(printed letters)

Medical Official Signature: _____ Date and time: _____

Following medical assessment and appropriate treatment, the athlete has been granted clearance to return to competition.

Medical Official Name: _____ Email: _____
(printed letters)

Medical Official Signature: _____ Date and time: _____

2025 Version