

Athlete Name: _____

Nationality: _____

Athlete Email: _____

Gender: Male Female

Athlete Phone #: _____

Athlete Handedness: Right Left

A1	Date (dd/mm/yyyy)	
A2	Location	
A3	Category	<input type="checkbox"/> Cadet <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Veteran
A4	Weapon	<input type="checkbox"/> Foil <input type="checkbox"/> Epee <input type="checkbox"/> Sabre
A5	Event	<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

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

C1	Treatment provider	<input type="checkbox"/> Local medical personnel <input type="checkbox"/> Medical staff from national team <input type="checkbox"/> Other
C2	Additional info. <small>(send photos to medical.reports@fie.org)</small>	<input type="checkbox"/> New injury / medical condition <input type="checkbox"/> Aggravation of the previous condition Description: _____ <input type="checkbox"/> Are there photos of the incident <input type="checkbox"/> Athletes' permission for photo documentation
C3	Time <small>(i.e. pool stage, table 64, semifinal)</small>	<input type="checkbox"/> During the bout <input type="checkbox"/> Between bouts. Competition stage when the injury occurred: _____
C4	Additional Notes and Referral	<input type="checkbox"/> Athlete was referred to the hospital: _____

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

Medical Official Signature: _____ Date: _____

Athlete Signature: _____ Date: _____