FÉDÉRATION INTERNATIONALE DE GYMNASTIQUE

COMMISSION MEDICALE
MEDICAL COMMISSION

Please report any incident that requires active treatment or alters gymnastics training or competition

Medical Injury Report Form - 2018

Competition: ..... Country: .....

Date (DD/MM/YYYY): ...../...../..... Time (24h clock): ..... : .....

Name of the gymnast (First name / Last name): .....

Date of birth (DD/MM/YYYY): ...../...../..... Gender: M ☐ F ☐

National Federation: .....

1. DISCIPLINE

MAG ☐ WAG ☐ TRA ☐ TUM ☐ DMT ☐ GFA ☐
RGI ☐ RGG ☐ AER ☐ ACRO ☐

2. APPARATUS

Beam ☐ Uneven Bars ☐ Floor Exercise ☐ Pommel Horse ☐ Rings ☐
Vault ☐ Horizontal Bar ☐ Parallel Bars ☐
Clubs ☐ Hoop ☐ Ball ☐ Rope ☐ Ribbon ☐
Trampoline ☐ Tumbling ☐ Double Mini-trampoline ☐
Other ☐ Specify: .....

3. ACCIDENT CIRCUMSTANCES / MECHANISM

Gymnast Error ☐ Apparatus Related problem ☐ Other ☐ Specify: .....

Manufacturer of the apparatus concerned: .....

Describe the situation + incident: .....

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Describe skill performed: .....

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4. TIME OF SESSION AND EVENT

No relation with sports ☐ Training ☐ Competition: Qualification ☐
Warm-up ☐ Final ☐

5. VENUE CONDITIONS – ENVIRONMENT

Comfortable ☐ Not comfortable ☐

Specify: .....

6. DIAGNOSIS / TYPE OF INJURY(IES)

Area(s) of the body affected:

Finger	☐	Head	☐	Cervical Spine	☐	Hip	☐
Hand	☐	Face	☐	Dorsal Spine	☐	Thigh	☐
Wrist	☐	Nose	☐	Lumbar Spine	☐	Knee	☐
Forearm	☐	Eye	☐	Chest	☐	Leg	☐
Elbow	☐	Ear	☐	Abdomen	☐	Ankle	☐
Arm	☐	Teeth	☐			Foot	☐
Shoulder	☐	Mouth	☐			Heel	☐
Clavicle	☐					Toe	☐

Other ☐ Specify: .....

LEFT ☐ RIGHT ☐

1st time / new ☐ Re-injury ☐

Type of injury:

Fracture	☐	Strain	☐	Sprain	☐	Hematoma	☐
Dislocation	☐	Rupture	☐	Open Wound	☐	Soft Tissue Injury	☐

Other ☐ Specify: .....

7. TREATMENT

Immediate Care:	YES ☐	NO ☐
Follow up Care:	YES ☐	NO ☐
Extended Care:	YES ☐	NO ☐

None ☐

8. OUTCOME

Seen by:

Doctor ☐ Physio ☐ Sports Trainer ☐ First Aider ☐ Radiologist ☐

Hospital:	YES ☐	NO ☐
Continued Training:	YES ☐	NO ☐
Continued Competition:	YES ☐	NO ☐

General Observations / Remarks: .....

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Name of the medical officer: .....

Title: .....

Email of the medical officer: .....

Date: ..... Signature: .....

Please send this form to FIG IMMEDIATELY after the end of the competition under medical confidentiality

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