FEDERATION INTERNATIONALE DE GYMNASTIQUE

FONDÉE EN 1881

COMMISSION MEDICALE
MEDICAL COMMISSION

CONFIDENTIAL

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

Gymnast Injury Report Form

Competition: _____ **Country:** _____

Date: ____ /____ /_____ (dd/mm/yyyy) **Time:** ____ _____ (24h clock)

Name of the Gymnast (first/last name): _____ **Gender:** F ☐ M ☐

Date of birth (dd/mm/yyyy): _____

National Federation: _____

1. DISCIPLINE

MAG ☐ WAG ☐ TRA ☐ TUM ☐ DMT ☐

AER ☐ ACRO ☐ GFA ☐ RG ☐

2. APPARATUS

Beam ☐ Floor ☐ Pommel Horse ☐ Rings ☐ Uneven Bars ☐ Vault ☐

Horizontal Bar ☐ Parallel Bars ☐

Clubs ☐ Hoop ☐ Ball ☐ Rope ☐ Ribbon ☐

Trampoline ☐ Tumble Track ☐ Double Mini ☐

Other ☐ Specify _____

3. ACCIDENT CIRCUMSTANCES / MECHANISM

Gymnast Error ☐ Apparatus Defect ☐ Other ☐

Describe the situation + incident: _____

_____

Describe skill performed: _____

_____

4. TIME OF SESSION AND EVENT

No relation with sports ☐

Training ☐

Warm-up ☐

Competition: Qualification ☐ 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 ☐
Clavicule ☐			Toe ☐

Other ☐ Specify _____

RIGHT ☐ **LEFT** ☐

1st time/new ☐ **re-injury** ☐

Type of injury:

Fracture ☐	Strain ☐	Sprain ☐	Haematoma ☐
Dislocation ☐	Rupture ☐	Open Wound ☐	Soft Tissue Injury ☐
Other ☐	_____		

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: _____

Name: _____

Title: _____

Signature: _____

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

to the attention of the President of the FIG Medical Commission
email: lzumbrunnen@fig-gymnastics.org fax: +41 21 321 55 29