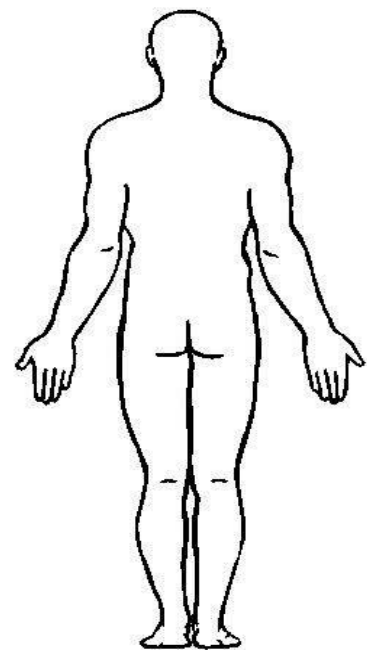
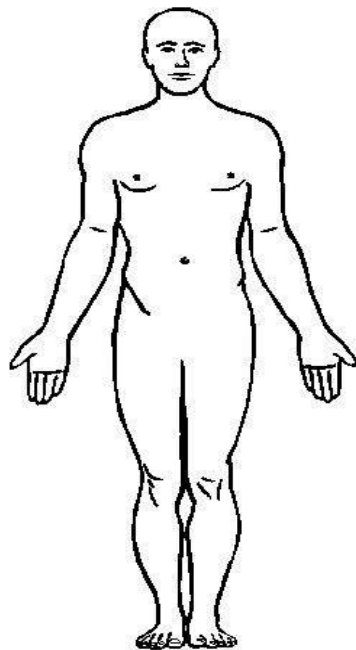




Injury Report

Name:	Age:	Gender: Female / Male
Discipline:		Nationality:

Anatomical Localization	
Skull	
Face	
Eye	
Ear	
Nose	
Mouth	
Neck	
Throat	
Clavicle/AC	
Shoulder	
Elbow joint	
Forearm	
Wrist	
Hand and fingers	
Thorax	
Back	
Abdomen	
Pelvis	
Genitals	
Inguinal	
Femur	
Knee	
Leg	
Ankle	
Foot	
Other:	



Type of Injury						
Fracture	Distension	Luxation	Contusion	Commotion	Bleeding	Strangulation

Tissue Involved									
Skin	Bone	Cartilage	Ligament	Nerve	Muscle	Nail	Cornea	Tympanum	Joint



Additional Information		
Continue the competition	Transport to hospital	Medical examination
YES	YES	On the arena
NO	NO	In medical station

PHYSICAL EXAM:

DIAGNOSIS:

TREATMENT (MEDICATION):

Date:

Signature: