



# Pre-Event Medical Questionnaire

CHAMPIONSHIP: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DATES: \_\_\_\_\_

1 . Please provide the following about your Event Chief Medical Officer:

Name in full:

Gender:

Telephone#:

E-mail address:

2. Pleasedescribethemedicalservicefor athlete,IWUFofficials andstaff:

Physicianat the arena:	Yes	No
Physician on-call:	Yes	No

Other (please describe):

3. Isthemedical stationinthearena:

Directlybeside the arena:	Yes	No
Morethan50metersfromtheicesurface:	Yes	No
Inadifferentbuilding:	Yes	No



4. Is the medical station fully equipped according to IWUF Medical Station Equipment List? Yes No

Is the medical station equipped with a defibrillator? Yes No

Is the medical station equipped with resuscitative equipment? Yes No

5. Is there a telephone in the medical station? Yes No

6. Please describe the medical and therapy services available (please indicate with a check mark where applicable):

Service	Present at all games	Present at all practices	Present at hotel	On-call
Physician				
Orthopedic surgeon				
Physiotherapist				
Massage therapist				
Chiropractor				

7. Please describe the ambulance services for the games and practices (please indicate with a check mark where applicable):

Service	During all games	During all practices
Ambulance onsite		
Ambulance within 5 minutes		
Ambulance more than 5		

8. Are the ambulances equipped with

Full resuscitative equipment:	Yes	No
Staff trained in basic life support:	Yes	No
Staff trained in advanced life support:	Yes	No
Portable oxygen:	Yes	No
Defibrillator:	Yes	No
Backboard with cervical collar	Yes	No



9. Do you have an Emergency Action Plan for a serious injury? Yes No

10. Please describe your communication system for the Championship?

Senior medical staff have mobile phones:	Yes	No
Senior medical staff have pagers:	Yes	No
Arena medical staff have mobile radios:	Yes	No

11. Please describe the pharmacy service for your event.

On-site pharmacy with emergency medications:	Yes	No
On-site pharmacy with extensive medications:	Yes	No
Local pharmacy available during normal hours:	Yes	No
Local pharmacy available after normal hours:	Yes	No
No banned substances in event pharmacy:	Yes	No
Banned substances in pharmacy appropriately coded:	Yes	No

Telephone number of local pharmacy:

Telephone number of after-hours pharmacy:

12. Please describe the dental services available at your event:

Dentist present at Championship round games:	Yes	No
Dentist available within 10 minutes of main arena:	Yes	No
Dentist on-call after hours:	Yes	No

Chief Dentist:

Telephone number of Chief dentist:

13. Please provide the following information about the hospital service that will be available during the Championship.

Name of Primary Hospital:

Distance from main arena:

minutes:



14. Please describe the diagnostic services available at your event?

X-ray available at local hospital:	Yes	No
MRI available at local hospital:	Yes	No
CT available at local hospital:	Yes	No
Blood / urinalysis available locally:	Yes	No

15. Is the tap water drinkable without risk of infection? Yes No

(If NO, please make sure there is plenty of bottled water available at games and practices)

Will there be plenty of bottled water available at the arena:	Yes	No
Will there be plenty of bottled water available at the hotel:	Yes	No

16. Do teams traveling to your country need any special vaccines? Yes No  
If YES, please describe in detail below:

17. Is there a no smoking rule in the arena? Yes No

Please give the name of LOC Medical Coordinator in charge:

Name:

Tel. #:

E-mail:

**PLEASE SEND THE COMPLETED QUESTIONNAIRE TO THE IWUF OFFICE at [events@iwuf.org](mailto:events@iwuf.org).**