

CONFIDENTIAL MEDICAL REPORT

TO BE COMPLETED BY MEDICAL STAFF IN CHARGE. Your cooperation is requested in collecting injury data at competitions, to be used for assessment of safety aspects of this sport. This form is to be used for all ISU Events.

Championship: _____ Event: _____ ? Heat ? ¼-final ? Semi-final ? Final
Athlete Nationality: _____ Date: _____ Time of Incident _____
Athlete Name: _____ ? Male ? Female Age _____

Problem **Problem Status** **Onset During:**
? Injury ? Illness ? Acute ? Chronic ? Practice ? Competition ? Other _____

Facility Conditions at Time of Incident **Safety Equipment Used**
? Indoor ? Small ice surface ? Poor ice surface ? Glare ? Wind ? Padded rink ? Helmet
? Cold temperature ? Sunny ? Overcast ? Rain ? Snow ? Gloves/wristguards ? Shinguards
? Other _____

Injury Severity ? Serious (transport to hospital) ? Moderate (unable to compete)
? Minor (all others) ? Follow-up care

Mechanism ? Contact person ? Contact surface ? Friction ? Stretch ? Torsion/twist
? Contact equipment ? Overuse ? Environmental ? Other _____

Region ? Upper body ? Neck ? Upper arm ? Hand ? Thigh ? Foot
? L ? R ? Lower body ? Spine ? Elbow ? Finger ? Knee ? Toe
? Middle ? Head ? Trunk ? Forearm ? Pelvis ? Lower leg ? Systemic
? Face ? Shoulder ? Wrist ? Hip ? Ankle ? Other _____

Structure ? Soft tissue, unspecified ? Bone ? Muscle ? Tendon ? Ligament
? Joint/capsule ? Skin ? Nerve ? Vascular ? Internal organ

Incident Type ? Preventative ? Inflammation ? Genital/urinary ? Central nervous system
(Diagnosis) ? Maintenance ? Laceration ? Hypothermia ? Upper respiratory infection
? Sprain* ? Abrasion ? Burn? ? Dislocation/subluxation
? Strain* ? Blister ? Chest pain ? Infectious disease
? Contusion* ? Concussion* ? Drug/alcohol ? Respiratory system/asthma
? Fracture ? Ear/nose/throat ? Eyes ? Cardiovascular system
? Trauma/minor ? Seizure ? Collapse ? Gastrointestinal system/abdominal pain
? Trauma/major ? Other _____

* Specify degree by circling appropriate number: 1= mild 2= moderate 3= severe

Treatment ? Ice ? Heat ? Whirlpool/cold ? Whirlpool/warm ? Rest
? Stretch ? Deep friction ? Massage ? Immobilization ? Taping
? Mobilization ? Education ? Manual therapy ? Interferential ? TNS
? Ultrasound ? Exercise ? Muscle stimulation ? Observation ? Medication
? Suture/wound care ? Investigation ? Other _____

Disposition ? Resumed activity ? Temporarily withheld from practice/competition ? Withdrawn

Medications #1 _____ #4 _____
(topical and #2 _____ #5 _____
systemic) #3 _____ #6 _____

Responsible Care Provider ? MD ? Nurse ? Physical Therapist ? Masseuse ? Other _____
Other Providers ? MD ? Nurse ? Physical Therapist ? Masseuse ? Other _____

RETURN COMPLETED FORMS TO:
ISU SECRETARIAT
CHEMIN DE PRIMEROSE 2
1007 LAUSANNE
SWITZERLAND
TEL: +41 21 612 66 66 FAX: +41 21 612 66 77

MEDICAL SERVICES ADDITIONAL NOTES

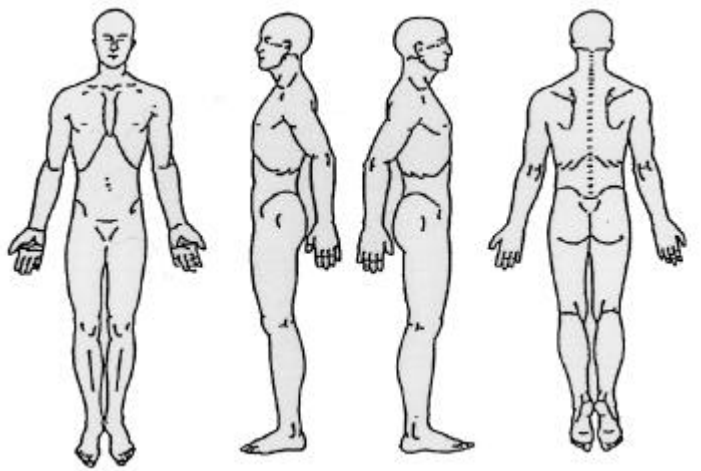
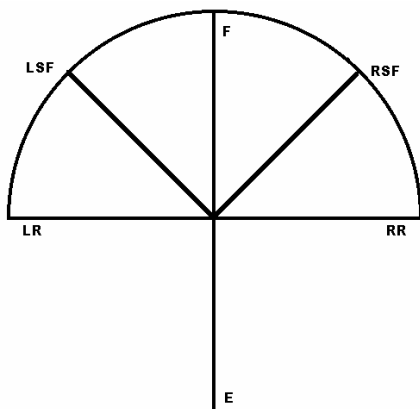
Date: _____ Event: _____ Page _____ of _____
 Athlete Name: _____ Athlete Nationality: _____ ?Male ?Female

History	Physical Exam
Current Medications	Allergies
Diagnosis 1. 2. 3.	Test Results

Treatment Plan:

Follow-up Notes:

Medical Staff completing form(print) _____ Signature _____



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