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 Related problem ☐ ☐ Other, specify: ________________
Manufacturer of the apparatus concerned __________________________
Describe the situation + incident: __________________________________________
Describe skill performed: __________________________________________

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
- 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:

Please send this form to FIG IMMEDIATELY after the end of the competition to the attention of the President of the FIG Medical Commission

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