

Event: _____ DATE: _____

FEI MEDICAL REPORT FORM – RIDER/ATHLETE INJURIES

To Medical Doctor/Medical Services: if the TD/Foreign Judge report form for the event does not have sections to be completed by the Medical Officer, please fill in the present form, sign it and give it to the FEI Technical Delegate/Foreign Judge, who will forward it to the FEI.

			Rider/ Athlete information (name; FEI ID number) Competition Number	Initial assessment and treatment If No Injury, please state	Rider /Athlete National Federation <i>(please tick if follow up is required e.g. concussion)</i>	Fall /Injury without consequence	Fall/Injury referred to hospital for assessment/x-ray	Fall/Injury referred to hospital possible to hospital possible major trauma	Not known
FALL/INJURY			Rider/Athlete						
			Competition						
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			Competition						
FALL/INJURY			Rider/Athlete						
			Competition						
FALL/INJURY			Rider/Athlete						
			Competition						

MEDICAL OFFICER'S DETAILS:

Name (please PRINT): _____

Medical Officer Address & Telephone number: _____

Signature: _____