

Person Injury Report Form



Person Information

FEI ID:

First Name:

Family Name:

Is the person injured an athlete or FEI Official?

Athlete

FEI Official

Date of Injury:

/ /

Time of Injury:

:

Where did the injury occur (competition or practise arena, other – please specify)?

Was the person on foot or riding?

/

Description in general of the mechanism of the injury:

Outline of Management

Treated on site

Referred to hospital

Suspected Injury

Concussion

As determined following assessment with CRT5, SCAT5 or similar official protocol.

Spinal Injury

Fracture

Dislocation

Other – please specify:

Was the injury fatal (death)?

/ /

Medical Professional/First Aider Information

Full Name:

Qualification:

Phone Number:

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Additional comments:

Injury(ies) positions:

