



INTERNATIONAL BOBSLEIGH & SKELETON FEDERATION

INJURY REGISTRATION DOCUMENT

Season 2016 – 2017

(Must be completed by the Race Doctor/Race Medical for each athlete consultation, during all training and race days)

Name of Track: <input type="checkbox"/> Altenberg <input type="checkbox"/> Königssee <input type="checkbox"/> Winterberg <input type="checkbox"/> Igls <input type="checkbox"/> Oberhof <input type="checkbox"/> St. Moritz <input type="checkbox"/> La Plagne <input type="checkbox"/> Sochi <input type="checkbox"/> Lillehammer <input type="checkbox"/> Sigulda <input type="checkbox"/> Lake Placid <input type="checkbox"/> Park City <input type="checkbox"/> Whistler <input type="checkbox"/> Calgary <input type="checkbox"/> Other _____				
Name:				
Discipline: 2-man Bob <input type="checkbox"/> 4-man Bob <input type="checkbox"/> Monobob <input type="checkbox"/> Skeleton <input type="checkbox"/> Para-sport <input type="checkbox"/> // Male <input type="checkbox"/> Female <input type="checkbox"/>				
Age:		Country:		Event: WC <input type="checkbox"/> EC <input type="checkbox"/> NAC <input type="checkbox"/> ICC <input type="checkbox"/> WCH <input type="checkbox"/> YOG <input type="checkbox"/>
Type of injury <input type="checkbox"/> Abrasion <input type="checkbox"/> Cut <input type="checkbox"/> Contusion <input type="checkbox"/> Distortion <input type="checkbox"/> Luxation <input type="checkbox"/> Fracture <input type="checkbox"/> Shock <input type="checkbox"/> Other _____	Anatomical Location of injury <input type="checkbox"/> Head <input type="checkbox"/> Face <input type="checkbox"/> Neck <input type="checkbox"/> Spine <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Thoracic/Lumbar Spine <input type="checkbox"/> Thorax <input type="checkbox"/> Abdomen/Pelvis <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> Other _____	Head Injury symptoms/ concussion <input type="checkbox"/> Headache <input type="checkbox"/> Neck pain <input type="checkbox"/> Confusion <input type="checkbox"/> Impaired Intellectual Activity <input type="checkbox"/> Amnesia <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Other _____ <input type="checkbox"/> Last head injury or concussion _____	Should not participate in training or competition until approved by medical doctor. <input type="checkbox"/>	Suspect Concussion? Re-Test should be done ImPACT <input type="checkbox"/> yes <input type="checkbox"/> no
Treatment at track: <input type="checkbox"/> None <input type="checkbox"/> oral Medication <input type="checkbox"/> Suture <input type="checkbox"/> Injection <input type="checkbox"/> Bandage <input type="checkbox"/> Splinting <input type="checkbox"/> Taping <input type="checkbox"/> Oxygen <input type="checkbox"/> Intubation <input type="checkbox"/> Infusion <input type="checkbox"/> Observation for Head Injury <input type="checkbox"/> Observation for Cervical/Spinal Injury Sent to: <input type="checkbox"/> X-Ray <input type="checkbox"/> Hospital <input type="checkbox"/> CT/MRI <input type="checkbox"/> Other _____				
Time of Injury: <input type="checkbox"/> Warm Up <input type="checkbox"/> Start <input type="checkbox"/> Crash	<input type="checkbox"/> Other please describe: _____	In case of crash – every athlete needs to be checked by race doctor/medical <input type="checkbox"/> I feel good, was checked by medical team and want to go back sliding. (only possible if Race Doctor/Race medical has not detected any injury, concussion or similar which prohibits athlete from sliding) <input type="checkbox"/> I was checked by the medical team and am unable to go back to sliding. Athletes Signature: _____ By signing I authorise the release of all information including personal health information in this document to the IBSF.		
Doctors name/stamp (please print readable if queries): Date: _____ Signature: _____				

Send by email to IBSF office office@ibsf.org and to IBSF Medical Committee dreugenebyrne@gmail.com

Headquarter: | Branch office: