Male: ☐ Female: ☐

race / Rennen: _____

track / Bahn: _____ date / Datum: _____

injury registration document **Verletzungsmeldung**

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

Name: _____

Disziplin: 2-man bobsleigh ☐ 2-woman bobsleigh ☐ 4-man bobsleigh ☐
Monobob ☐ Para Sport ☐ Skeleton ☐

Age: _____ Country: _____

Type of injury	**Anatomical Location of injury**	**Head Injury symptoms / concussion**	
☐ Abrasion	☐ Head	☐ Headache	
☐ Cut	☐ face	☐ Neck pain	
☐ Contusion	☐ Neck	☐ Confusion	Suspect Concussion?
☐ Distortion	☐ Spine	☐ Impaired Intellectual	Re-Test should
☐ Luxation	☐ Cervical Spine	☐ Activity	be done
☐ Fracture	☐ Thoracic/Lumbar Spine	☐ Amnesia	ImPACT
☐ Shock	☐ Thorax	☐ Loss of Consciousness	☐ yes
☐ Other	☐ Abdomen / Pelvis	☐ Other	☐ no
_____	☐ Arms	_____	
	☐ Legs	Last head injury or concussion	
	☐ Other	_____	
	_____		

Treatment at track:

☐ None			Sent to:
☐ oral Medication	☐ Suture	☐ Injection	☐ X-Ray
☐ Bandage	☐ Splinting	☐ Taping	☐ Hospital
☐ Oxygen	☐ Intubation	☐ Infusion	☐ CT-MRI
☐ Observation for Head Injury	☐ Observation for Cervical/Spinal Injury		☐ Other

Time of Injury:

☐ Warm Up ☐ Crash
☐ Start ☐ Other pleas describe: _____

In case of crash – every athlete needs to be checked by race doctor

☐ I feel good, was checked by medical team and want to go back to sliding. (only possible if Race Doctor has not detected any injury, concussion or similar which prohibits athlete from sliding)

☐ 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.

The Race Doctor herewith confirms that the athlete has been medically checked
and is allowed to slide ☐ **is NOT allowed to slide** ☐

Doctors name/stamp (please print readable if queries):

Datum: _____ Signature: _____

Send by email to - **injury@ibsf.org**