



Injury registration document / Verletzungsmeldung

Must be completed by the Race medical and the athlete for each consultation, during all training and race days. In case of a crash – every athlete involved needs to be checked.

Training:

Competition:

Race series / Rennserien:

Europe Cup

World Cup

Para Sport WC

JWCH

North America Cup

ICC

WCH

Disziplin:

2-man bobsleigh 2-woman bobsleigh

4-man bobsleigh

Women's Monobob Para Sport

Skeleton

Track / Bahn: _____

Date / Datum: _____

Athlete Name: _____

Male:

Female:

Age: _____

Country: _____

| Type of injury | Anatomical Location of injury | Head Injury symptoms / concussion |
|---|---|--|
| <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 _____ | <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 _____ | <input type="checkbox"/> Headache <input type="checkbox"/> Neck pain <input type="checkbox"/> Confusion <input type="checkbox"/> Impaired Intellectual <input type="checkbox"/> Activity <input type="checkbox"/> Amnesia <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Other _____ Last head injury or concussion _____ |
| | | Suspect Concussion? <input type="checkbox"/> yes* <input type="checkbox"/> no ImPACT Re-Test is recommended * if yes, athlete is not allowed to slide - please complete below |

Treatment at track:

None

oral Medication

Bandage

Oxygen

Observation for

Suture

Splinting

Intubation

Observation for

Injection

Taping

Infusion

Sent to:

X-Ray

Hospital

CT-MRI

Other

Time of Injury:

Warm Up

Crash

Start

Other please describe: _____

To be completed and signed by the athlete

I feel good, was checked by the medical team and want to go back to sliding. (only possible if Race medical 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.

By signing, I authorise the release of all information including personal health information in this document to the IBSF. The IBSF will not share personal health information with other parties.

Athletes Signature: _____

The Race medical herewith confirms that the athlete has been medically checked

and is allowed to slide

is NOT allowed to slide

Race medical name/stamp (please print readable if queries):

Date: _____

Race medical Signature: _____

to be send by email to - injury@ibsf.org