ALBERTA GYMNASTICS FEDERATION

CONFIDENTIAL

Please report treatment of all illnesses or injuries during the event

Injury & Treatment Report Form

EVENT

Injured Individual Information

Gymnast ☐ Coach ☐ Judge ☐ Spectator ☐ Other ☐

Name (first, last) ____________ Address ____________

D.O.B. (dd/mm/yyyy) ____________ City ____________ Province ____________

Gender: Male ☐ Female ☐

Country ____________ Postal Code ____________

Phone # ____________

E-mail ____________

Club Name ____________

Club Address ____________

Supervising Coach ____________

Time of Injury (24h clock) ____________

Date of Injury (dd/mm/yyyy) ____________

1. DISCIPLINE

WAG ☐ TRA ☐ DMT ☐ ACRO ☐ GFA ☐

MAG ☐ TUM ☐

2. APPARATUS / FOR ON APPARATUS ACUTE INJURY

Beam ☐ Uneven Bars ☐ Floor ☐ Vault ☐

High Bar ☐ Parallel Bars ☐ Pommel ☐ Rings ☐

TRA ☐ TUM ☐ DMT ☐ ☐

Other ☐ Specify: ____________

3. ACCIDENT CIRCUMSTANCES/MECHANISM

Gymnast Error ☐ Apparatus ☐

Other: ____________

Describe Incident: ____________

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4. TIME OF SESSION AND EVENT

Not Sport Related ☐ Training ☐ Competition: ☐

Warm-up ☐

5. DIAGNOSIS/TYPE OF INJURY

Area(s) of the body affected:

Finger	☐	Head	☐	Cervical Spine	☐	Hip	☐
Hand	☐	Face	☐	Dorsal Spine	☐	Thigh	☐
Wrist	☐	Nose	☐	Lumbar Spine	☐	Knee	☐
Forearm	☐	Eye	☐	Chest	☐	Leg	☐
Elbow	☐	Ear	☐	Abdomen	☐	Ankle	☐
Arm	☐	Teeth	☐			Foot	☐
Shoulder	☐	Mouth	☐			Heel	☐
Clavicle	☐					Toe	☐

Other ☐ Specify: ____________

RIGHT ☐ **LEFT** ☐

Injury Classification:

1st time/new injury: ☐ Re-injury: ☐ Chronic: ☐

Type of Injury:

Fracture	☐	Strain	☐	Sprain	☐	Haematoma	☐
Dislocation	☐	Rupture	☐	Open Wound	☐	Soft Tissue	☐
Other	☐	Specify: ____________					

6. TREATMENT

	YES	NO
Immediate Care	☐	☐
Follow-up Care	☐	☐
Extended Care	☐	☐
None	☐	

7. OUTCOME

Seen by:

Doctor	☐	Physio	☐	AT	☐
First Aid	☐	EMR/EMT	☐		

	YES	NO
Continued Training:	☐	☐
Continued Competing:	☐	☐

8. WITNESSES

Witness #1 name: ______________________ Phone # ______________________

Witness #2 name: ______________________ Phone # ______________________

9. GENERAL OBSERVATIONS AND REMARKS

(Rehab procedure, amount and type of training allowed, expected date of return and to full recovery)

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Name: ______________________ **Title:** ______________________

Signature: ______________________ **Date (dd/mm/yyyy):** ______________________

Please provide this form to AGF before the end of the competition

to the attention of Robin McDougall, Manager, Events

Email: specevents@abgym.ab.ca

FOR AGF USE ONLY

Date Received: ______________

Date Processed: ______________