



## Accident and Injury Report Form

### 1. Person affected

Name:
Address:
Contact Details/Email:

<b>Age if under 18</b>	<b>20-30</b>	<b>1-40</b>	<b>41-50</b>	<b>51-60</b>	<b>61+</b>
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>		
R handed	<input type="checkbox"/>	L handed	<input type="checkbox"/>		
Fencer	<input type="checkbox"/>	Coach	<input type="checkbox"/>	Referee	<input type="checkbox"/>
		Official	<input type="checkbox"/>	Spectator	<input type="checkbox"/>
		Other	<input type="checkbox"/>		<input type="checkbox"/>

### 2. Person completing form (if different from above)

Name:
Address:

Coach	<input type="checkbox"/>	Parent	<input type="checkbox"/>	Official	<input type="checkbox"/>	Other	<input type="checkbox"/>
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**Signature** ..... **Date:** .....

### 3. Description of Incident

Date: ..... Time: .....

Place: Club	School	Competition Venue	Other

Brief address

Weapon      Foil      Epee      Sabre

Circumstances? e.g. during competition, lesson, practice fight

### Nature of injury

Please tick part(s) of body affected. Please put the type of injury under details e.g. cut, bruise, sprain etc. and R or L as appropriate.

Part of Body	Tick	Details
Head	<input type="checkbox"/>	
Face	<input type="checkbox"/>	
Eye	<input type="checkbox"/>	
Ear	<input type="checkbox"/>	
Neck	<input type="checkbox"/>	
Chest	<input type="checkbox"/>	
Back	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	
Pelvis	<input type="checkbox"/>	
Shoulder	<input type="checkbox"/>	
Upper arm	<input type="checkbox"/>	
Elbow	<input type="checkbox"/>	
Forearm	<input type="checkbox"/>	
Hand	<input type="checkbox"/>	
Thigh	<input type="checkbox"/>	
Knee	<input type="checkbox"/>	
Lower leg	<input type="checkbox"/>	
Ankle	<input type="checkbox"/>	
Foot	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

How did the injury happen?

**Action/Treatment** – immediate and later – including by whom?

First aider/doctor/nurse/paramedic/coach/official/parent/other - *please circle*

Please return form to the General Secretary, British Fencing, 1 Baron's Gate, 33-35 Rothschild Road, London W4 5HT

Fax 020 8742 3033 or via email [British\\_Fencing@compuserve.com](mailto:British_Fencing@compuserve.com)

(copies of this form can be obtained from [www.BritishFencing.com](http://www.BritishFencing.com))

Thank you for taking the trouble to do this; it is very important that British Fencing keeps as accurate a record as possible of all injuries. The form will be dealt with in confidence by the General Secretary and BF's Honorary Medical Officer

January 2002