



Accident and Injury Report Form

1. Person affected

Name:
Address:
Contact Details/Email:

Age if under 18	20-30	1-40	41-50	51-60	61+
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"/>
	<input type="checkbox"/>	Official	<input type="checkbox"/>	Spectator	<input type="checkbox"/>
	<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

(copies of this form can be obtained from 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