

 USA Fencing

Athlete Email: Athlete Phone:

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| --- | --- | --- |
| **Date:**  | **Event:**  | **Location:**  |
| **Name:**  | Vitals *(if indicated)* |  |
| **Age:** | **DOB:**  | **Rt. / Lt. Handed** |
| **Injury Location (body region):** |  |
| **Mechanism of injury *(briefly describe the fencing action)*:** |  |
| **Signs/Symptoms:**  |  |
| **Pre-existing conditions *(e.g. prior history of concussion)*:** |  |
| **Evaluation:**  |  |
| **Discussion/Recommendations: Assessment/Differential Diagnosis:** |  |
| **Athlete signature:**  |  **Date:**  |
| **Admin/ATC/Medical provider signature:** |  **Date:**  |

Please fill out all areas - if not applicable please put N/A