

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