|  |  |
| --- | --- |
| 3BRITISH FENCING1 BARON'S GATE33-35 ROTHSCHILD ROADLONDON. W4 5HT | t: +44 (0) 20 8742 3032f: +44 (0) 20 8742 3033 headoffice@britishfencing.com www.britishfencing.com |

**ACCIDENT AND INJURY REPORT FORM**

**1. Person affected**

|  |
| --- |
| Name: |
| Address: |
|  |
| Contact Details/Email: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Age if under 18 | 18-30 | 31-40 | 41-50 | 51-60 | 61+ |
| Male | Female | R Handed | L Handed |
| Fencer |  | Coach |  | Referee |  | Official |  | Spectator |  | Other |  |

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

|  |
| --- |
| Name: |
| Address: |
|  |
| Contact Details: | Email: |
| Coach |  | Parent |  | Official |  | Other |  |

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.

|  |  |  |
| --- | --- | --- |
| **Part of Body** | Tick | Details + **R or L** if appropriate |
| Head |  |  |
| Face |  |  |
| Eye |  |  |
| Ear |  |  |
| Neck |  |  |
| Chest |  |  |
| Back |  |  |
| Abdomen |  |  |
| Pelvis |  |  |
| Shoulder |  |  |
| Upper arm |  |  |
| Elbow |  |  |
| Forearm |  |  |
| Hand/Wrist |  |  |
| Thigh |  |  |
| Knee |  |  |
| Lower leg |  |  |
| Ankle |  |  |
| Foot |  |  |
| Other |  |  |

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 Dr Clare Halsted, British Fencing, 1 Baron’s Gate, 33-35 Rothschild Road, London W4 5HT Fax 020 8742 3033 or via email headoffice@britishfencing.com

or to 46 Dartmouth Park Rd, London NW51SN clarehalsted@blueyonder.co.uk

(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 BF Medical Officer.