



# US Fencing Sports Medicine

## Final Report - International Events

Athlete Email:

Athlete Phone:

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

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