



## Medical Incident Report Serious Injury

Tournament:	
Dates:	
Venue:	
FIH Medical Officer:	

Team:			
Name of injured player:		Shirt number:	
Gender:	Male	Female	
Date of incident:			
Location of incident (eg pitch, stadium, hotel):			

<b>Description of incident: describe circumstances of incident and mechanism of injury if known</b>	
Diagnosis:	

<b>If the player was hospitalized, complete the following section</b>	
Name and address of hospital:	
Reason for hospitalization:	
Names of attending doctors, surgeons etc:	
Admission diagnosis:	
Significant X-ray, CT, MRI, ultrasound findings:	

Provisional diagnosis:	
Date and type of surgery/ procedure:	
Brief summary of hospital stay	
Date of discharge:	

<b>Complete the following section in relation to follow-up plans</b>	
Which doctor:	
Where:	
Disposition needs (eg wheelchair, braces, cast, splints, walking cane, crutches):	
Rehabilitation/therapy needs:	
Medication recommended:	

<b>Any further comments</b>

Signed:	
Date:	

Documents will be filed at FIH and circulated to the members of the FIH Health & Safety Panel.