Medical Incident Report Form

Personal Information

First Name:

Family Name:

Is the person an athlete or official? ☐ Athlete ☐ Official ☐ Other:

Date of Incident:

Time of Incident:

Event:

Rider Number:

Class:

In which phase did the incident occur? ☐ Dressage ☐ Cross Country ☐ Jumping

Where was the person when the incident occurred?

Was the person on foot or riding? ☐ On foot ☐ Riding ☐ Other:

Description in general of the incident:

Suspected Injury:

☐ None

☐ Concussion *(as determined by assessment by CRT5, SCAT5 or similar official protocol)*

☐ Fracture

☐ Dislocation

☐ Other – please specify:

Outline of Management: ☐ None ☐ Treated on site ☐ Referred to hospital

Is it safe for the athlete to compete further in this competition? ☐ No ☐ Yes ☐ N/A

This question does not consider the Rules of Eventing in which a Fall of Rider in competition may result in elimination.

Medical Professional / First Aider Information

Full Name:

Qualification:

Phone Number:

Revised: 2022-03-07

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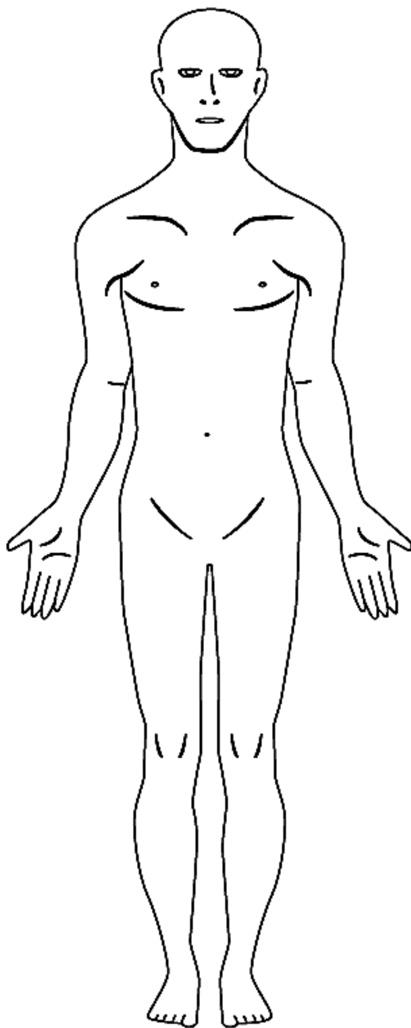
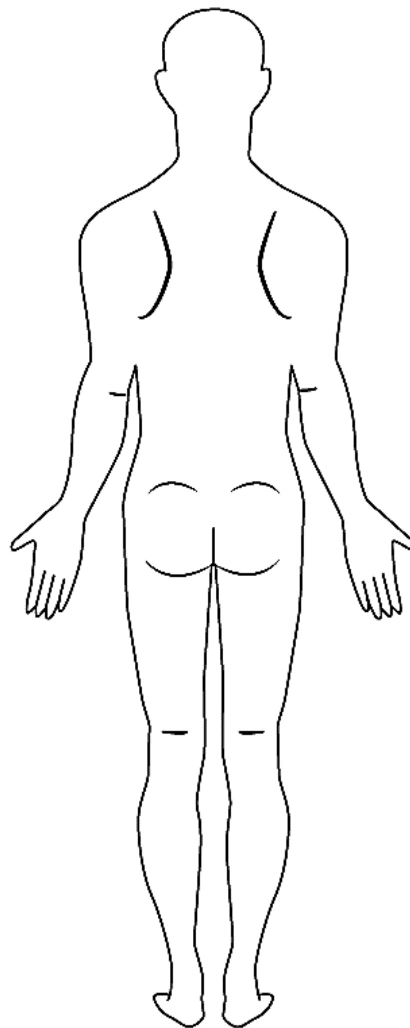
Additional Comments:

Injury position(s):





Signatures:

Attending Medical Professional / First Aider:	
Test Judge: *(If applicable)*	**Technical Delegate:**