OFFICIAL INJURY REPORT FORM

This official form must be used in case of any injury occuring during a UWW event.
The personal data collected and submitted in Athena is for insurance, medical and statistical purposes only.

Competition Name & Place:			
Date of injury		Bout number	

Athlete information			
First name:		Last name:	
Nationality:			
Sex:	Male □ Female □		
Wrestling Style:	WW □ FS □ GR □		Weight:

Round of injury:

- ○ Qualification
- ○ 1/64
- ○ 1/32
- ○ 1/16
- ○ 1/8
- ○ 1/4
- ○ 1/2
- ○ Finales
- ○ Repechage
- ○ Training
- ○ Other

INJURY / BLESSURE

Injured body part ( ):

Head & Face
1. Head
2. Face
2.1 Forehead
2.2 Ear
2.3 Eyebrow
2.4 Eye
2.5 Nose
2.6 Cheek
2.7 Lips
2.8 Tooth
2.9 Chin

Spine & Trunk
3. Neck
4. Thoracic Spine
5. Sternum
6. Ribs
7. Lumbar Spine
8. Abdomen
9. Pelvis
9.1 Sacrum
9.2 Genitalia
9.3 Buttock

Upper Extremity
10. Shoulder girdle
10.1 Shoulder joint
10.2 Acromioclavicular (AC) joint
10.3 Clavicle
10.4 Sternoclavicular (SC) joint
10.5 Scapula
11. Upper Arm
12. Elbow
13. Forearm
14. Wrist
15. Hand
16. Thumb
17. Finger

Lower Extremity
18. Hip
19. Groin
20. Thigh
20.1 Anterior Thigh
20.2 Posterior Thigh
21. Knee
22. Patella
23. Lower leg
23.1 Anterior Lower Leg
23.2 Posterior Lower Leg
23.3 Achilles Tendon
24. Ankle
25. Foot
26. Toes

Side of injury ( ): 1. Right 2. Left 3. N/A

Type of injury ( ):

1. Concussion
2. Bleeding/Hemorrhage
3. Hematoma
4. Contusion
5. Fracture
6. Bone Injury
6.1 Traumatic Fracture
6.2 Stress Fracture
6.3 Other Bone Injuries
7. Joint Injury
7.1 Joint Dislocation
7.2 Joint Subluxation
7.3 Joint Sprain
7.4 Joint Cartilage Injury
7.5 Joint Meniscus Injury
7.6 Impingement
7.7 Arthritis
7.8 Synovitis
7.9 Bursitis
8. Muscle Injury
8.1 Muscle Rupture
8.2 Muscle Strain
8.3 Muscle Cramp (Spasm)
9. Tendon Injury
9.1 Tendon Rupture
9.3 Tendinitis
10. Ligament Injury
10.1 Ligament Sprain
10.2 Ligament Rupture
12.3 Gum Laceration
11. Skin Injury
11.1 Skin Contusion
11.2 Skin Abrasion
11.3 Skin Laceration
12. Dental Injury
12.1 Tooth Fracture
12.2 Tooth Loosening
13. Nerve Injury
14. Strangulation
15. Unconsciousness
16. Other

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Cause of injury:

1. Trauma (contact)
2. Overuse
3. Gradual Onset
4. Sudden Onset
5. Non-contact Trauma
6. Recurrent Injury
7. Violation of Rules (like choking)
8. Field of Play Condition
9. Weather Condition
10. Equipment Failure
11. Other

Severity of injury:

- ○ Mild (treated on mat)
- ○ Moderate (treated on mat with further follow up at the clinic)
- ○ Severe (match terminated; referred to hospital)
- ○ Critical (life or organ threatening condition)

Absence estimation:

- ○ No absence
- ○ 1 day
- ○ 2 days
- ○ 1 week
- ○ 2 weeks
- ○ 3 weeks
- ○ 1 month
- ○ 2 months
- ○ 3 months
- ○ 3 - 5 months
- ○ 6 months
- ○ 6-11 months
- ○ 1 year
- ○ more than 1 year
- ○ permanent

Comments / Medical Assessment:

PROCESS - PLEASE HAND OVER THIS FORM TO THE INSURED PERSON!
In case of an accident or illness, the insured person or his/her Federation should immediately inform UWW (licensing@uww.org) and fill in an online insurance claim on IMSSA website within 48 hours. For that, log in on IMSSA website, and enter the username (UWW) and password (22AYCA094011). Follow the instructions and upload the present form signed by the Competition Doctor

FOR MINOR INJURIES, THE COSTS ARE DUE IMMEDIATELY/IN CASH TO THE HOSPITAL. NATIONAL FEDERATIONS WILL BE REIMBURSED BY IMSSA (PROVIDED THE ABOVE ONLINE CLAIM HAS BEEN DULY COMPLETED).

FOR SEVERE INJURIES/ILLNESS REQUIRING SURGICAL OR SPECIAL TREATMENT, PLEASE CALL +41 26 921 80 01, AS ARRANGEMENTS WILL BE MADE DIRECTLY BY IMSSA WITH THE HOSPITAL.

UWW Doctor (Name & Signature)*:.....

*By signing this form, I agree that the personal data collected and ultimately submitted in UWW's clearinghouse *Athena* is used only for insurance, medical and statistical purposes; in no case it is collected, processed and/or shared with other parties than UWW and IMSSA for other use. I also confirm that once collected and submitted in Athena, the data in my possession will be destroyed.