



Team Report: Injury Summary

**To be completed at the end of the tournament by the Team Medical Personnel
for serious injuries as requested by the FIH Medical Officer**

Tournament:	
Dates:	
Team:	
Team Medical Official:	

Player number	Date of injury	Resumed play in same match (yes/no)	Number of matches missed
Brief description of injury including cause and treatment			

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Any further comments

If you are word processing this form, the boxes will expand to accommodate your text.
 If completing the form by hand and there is insufficient space in a box, please attach an additional sheet of comments.

Signed:	
Date:	

Please give the completed form to the FIH Medical Officer before the end of the tournament.

The information in this report will be dealt with in confidence but provides valuable information for the FIH. For example, it enables FIH to assess common causes of injuries and to ensure that appropriate treatment and support facilities are available at tournaments.