



# OFFICIAL INJURY REPORT FORM

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

<b>Competition Name:</b>			
Country		City	
Date of injury		Match number (if applicable)	

<b>Athlete information</b>			
First name:		Last name:	
Nationality:			
Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Wrestling Style:	FW <input type="checkbox"/>	FS <input type="checkbox"/>	GR <input type="checkbox"/>
Nationality of opponent	Weight:		

## Round of injury:

- |                                     |                               |                                 |
|-------------------------------------|-------------------------------|---------------------------------|
| <input type="radio"/> Qualification | <input type="radio"/> 1/64    | <input type="radio"/> 1/32      |
| <input type="radio"/> 1/16          | <input type="radio"/> 1/8     | <input type="radio"/> 1/4       |
| <input type="radio"/> 1/2           | <input type="radio"/> Finales | <input type="radio"/> Repechage |
| <input type="radio"/> Training      | <input type="radio"/> Other   |                                 |

## INJURY / BLESSURE

### Injured body part ( ):

- | <i>Head &amp; Face</i> | <i>Spine &amp; Trunk</i> | <i>Upper Extremity</i>            | <i>Lower Extremity</i>   |
|------------------------|--------------------------|-----------------------------------|--------------------------|
| 1. Head                | 3. Neck                  | 10. Shoulder girdle               | 18. Hip                  |
| 2. Face                | 4. Thoracic Spine        | 10.1 Shoulder joint               | 19. Groin                |
| 2.1 Forehead           | 5. Sternum               | 10.2 Acromioclavicular (AC) joint | 20. Thigh                |
| 2.2 Ear                | 6. Ribs                  | 10.3 Clavicle                     | 20.1 Anterior Thigh      |
| 2.3 Eyebrow            | 7. Lumbar Spine          | 10.4 Sternoclavicular (SC) joint  | 20.2 Posterior Thigh     |
| 2.4 Eye                | 8. Abdomen               | 10.5 Scapula                      | 21. Knee                 |
| 2.5 Nose               | 9. Pelvis                | 11. Upper Arm                     | 22. Patella              |
| 2.6 Cheek              | 9.1 Sacrum               | 12. Elbow                         | 23. Lower Leg            |
| 2.7 Lips               | 9.2 Genitalia            | 13. Forearm                       | 23.1 Anterior Lower Leg  |
| 2.8 Tooth              | 9.3 Buttock              | 14. Wrist                         | 23.2 Posterior Lower Leg |
| 2.9 Chin               |                          | 15. Hand                          | 23.3 Achilles Tendon     |
|                        |                          | 16. Thumb                         | 24. Ankle                |
|                        |                          | 17. Fingers                       | 25. Foot                 |
|                        |                          |                                   | 26. Toes                 |

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



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## Type of injury ( ):

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

## Mechanism of injury:

- |  |   |                             |
|--|---|-----------------------------|
| <input type="radio"/> Trauma (contact)   | <input type="radio"/> Violation of Rules (like choking) | <input type="radio"/> Other |
| <input type="radio"/> Overuse            | <input type="radio"/> Field of Play Condition           |                             |
| <input type="radio"/> Gradual Onset      | <input type="radio"/> Weather Condition                 |                             |
| <input type="radio"/> Sudden Onset       | <input type="radio"/> Equipment Failure                 |                             |
| <input type="radio"/> Non-contact Trauma | <input type="radio"/> Recurrent Injury                  |                             |

## 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:

- |                                  |                                    |  |
|----------------------------------|------------------------------------|--|
| <input type="radio"/> No absence | <input type="radio"/> 3 weeks      | <input type="radio"/> 6 months         |
| <input type="radio"/> 1 day      | <input type="radio"/> 1 month      | <input type="radio"/> 6-11 months      |
| <input type="radio"/> 2 days     | <input type="radio"/> 2 months     | <input type="radio"/> 1 year           |
| <input type="radio"/> 1 week     | <input type="radio"/> 3 months     | <input type="radio"/> more than 1 year |
| <input type="radio"/> 2 weeks    | <input type="radio"/> 3 - 5 months | <input type="radio"/> permanent        |

## Comments:

**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.