

INJURY ASSESSMENT FORM

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Date: _____
Time: _____
Competitor Name: _____
Competitor Date of Birth: _____
NAC: _____
Name & Title of Official Initiating this Assessment: _____

NOTE: This form must be completed by either the FAI Controller, Meet Director, or any Chief Judge. This form is designed to be completed by non-medically trained persons. Both Category A and B Sections must be completed.

NOTICE TO THE COMPETITOR: Any POSITIVE assessment marked below means you must complete a medical evaluation and be cleared by a Licensed Doctor before further competition activity is permitted.

CATEGORY A: Please mark if any of the following conditions apply:

- | | |
|--|--|
| <input type="checkbox"/> Obvious bone deformity or fracture | <input type="checkbox"/> Difficulty breathing |
| <input type="checkbox"/> Disorientation or abnormal vision | <input type="checkbox"/> Severe pain after landing or exiting tunnel |
| <input type="checkbox"/> Heat exhaustion | <input type="checkbox"/> Required assistance to walk |
| <input type="checkbox"/> Loss of consciousness (no matter how brief) | |

CATEGORY A INJURY ASSESSMENT:

- POSITIVE. (Any above box marked.) A medical evaluation by a Licensed Medical Doctor is required.
- NEGATIVE. This competitor is free to decide about further sporting competition activity (unless Category B is positive.)

CATEGORY B: If any of the following conditions apply, complete the Concussion Screening below. If the Concussion Screening is NEGATIVE, a medical evaluation is not required due to that specific Category B item (but may be required due to other items.)

- Headache or any symptoms after hard opening (Concussion Screening below)
- Head collision with tunnel wall or ground/object during landing (Concussion Screening below)
- Head or neck collision with another competitor in tunnel or freefall (Concussion Screening below)

To complete the Concussion Screening below, your general observations must be based upon an interview with the competitor, and completed as soon as possible after any potential head injury or concussion.

Mark below if you observe any behavior that is abnormal or concerning based on your best judgement. Keep in mind the safety of the competitor is the primary objective.

You must ask the competitor to describe what happened, and if they are experiencing any of the following symptoms. Mark below if any are present. Questions should be answered by the competitor quickly and without confusion.

- | | |
|--|--|
| <input type="checkbox"/> Nausea or vomiting | <input type="checkbox"/> Ringing noise in ears |
| <input type="checkbox"/> Blurry or double vision | <input type="checkbox"/> Confusion or disorientation |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Light bothering their eyes |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Off balance or feeling groggy |

- Behavior observed by the interviewer that appears abnormal (such as slow to answer, confusion, unable to answer, memory loss, or difficulty walking or standing.)

Category B Screening for potential concussion/head injury is:

- POSITIVE (any above box marked.)
- NEGATIVE. This competitor is free to decide about further sporting competition activity (unless Category A is positive.)

A positive Category A or B result requires the competitor to have a medical evaluation and clearance by a Licensed Doctor before further competition activity is permitted.

FAI Controller, Meet Director, and Chief Judge Notified: _____

HoD/Team Manager Notified: _____