

GENERAL INFORMATION	<u>:</u>						
Event							
Dates	from			to			
Location (city, country)						
FIVB Medical Delegat							
Email							
Mobile Phone #							
MEDICAL SERVICES:							
Name of event Medica	al Doctor						
Qualifications (GP, ort	hopaedic						
surgeon, sports physic	cian, etc)						
E-mail							
Mobile phone #							
Medical support staff		Adequate			Not adequate []	
Description (number	, qualifica	tions, org	anization,	etc)			
MEDICAL FACILITIES:							
Adequ	iate 🗌			Not	adequate 🗌		
Description							
DOPING CONTROL:							
Number of samples	Men		Women		Total		
Doping control room		Adequate			Not adequate		
Name of anti-doping a	igency						
E-mail							
Mobile phone #							
Name of laboratory us	ed						
Comments on dopin		facilities a	nd proced	dures			
•	•		•				



MAJOR INJURIES:									
December 11 - 11 - 11 - 12 - 12 - 12 - 12 - 12									
REFEREE HEALTH CONTROLS:									
Total number of referees controlled									
Comments									
D North Market									
PLAYER NUTRITION:									
Breakfast	Ade	quate 🗌		Not adequate					
Lunch	Adequate		Not adequate □						
Diner		quate 🗌	Not adequate □						
Fluids	Ade	quate 🗌		Not adequate					
Player hotel/venue kitchen i	nspection	Complete	d 🗌	Not completed					
Comments									
GENERAL COMMENTS / RECOMMENDATIONS:									

DATE COMPLETED:

SIGNATURE:

- Use the Save As-function to save the completed form to your computer. E-mail this file to the FIVB office (medical@fivb.org) immediately following the event.
- All original M-1 & M-10 forms should be sent to the FIVB Medical Department in a sealed envelope as confidential medical information, along with the results of referee medical controls. Prior to sending the forms, the Medical Delegate must copy all M-1 & M-10 forms and keep these copies in a sealed envelope for at least one month after the end of the competition.