

⚠ This form must be filled even when no injury occurred ⚠

Event: Team:

Match: VS Date: / / Team Doctor: First Name Last Name

e-mail: Any injury? ☐ NO If "YES", please complete
☐ YES information below

Definitions & Codes

Time of injury - Training ☐ Match ☐

Player shirt #: Setter#: Opposite #: Outside hitter #: Middleblocker#: Libero #:

NOTE: An injury is defined as any physical complaint sustained by a player during the match or during training prior to the match.

INJURY LOCATION- INJURED BODY PART:

Head and trunk

- ☐ 1. face (incl. eye, ear, nose)
- ☐ 2. head
- ☐ 3. neck/cervical spine
- ☐ 4. thoracic spine/upper back
- ☐ 5. sternum/ribs
- ☐ 6. lumbar spine/lower back
- ☐ 7. abdomen
- ☐ 8. pelvis/sacrum/buttock

Upper extremity

- ☐ 11. shoulder/clavicle
- ☐ 12. upper arm
- ☐ 13. elbow
- ☐ 14. forearm
- ☐ 15. wrist
- ☐ 16. hand
- ☐ 17. finger
- ☐ 18. thumb

Lower extremity

- ☐ 21. hip
- ☐ 22. groin
- ☐ 23. thigh (a: anterior/p: posterior)
- ☐ 24. knee (m: medial/l: lateral)
- ☐ 25. lower leg (a: anterior/p: posterior)
- ☐ 26. Achilles tendon
- ☐ 27. ankle (m: medial/l: lateral)
- ☐ 28. foot/toe

TYPE OF INJURY- DIAGNOSIS:

- ☐ 1. concussion (regardless of loss of consciousness)
- ☐ 2. fracture (traumatic)
- ☐ 3. stress fracture (overuse)
- ☐ 4. other bone injuries
- ☐ 5. dislocation, subluxation
- ☐ 6. tendon rupture
- ☐ 7. ligamentous rupture
- ☐ 8. sprain (injury of joint and/or ligaments)
- ☐ 9. lesion of meniscus or cartilage
- ☐ 10. strain/muscle rupture/ tear
- ☐ 11. contusion/ haematoma/bruise
- ☐ 12. tendinosis/tendinopathy
- ☐ 13. arthritis/synovitis/bursitis
- ☐ 14. fascitis/aponeurosis injury
- ☐ 15. impingement
- ☐ 16. laceration/abrasion/skin lesion
- ☐ 17. dental injury/broken tooth
- ☐ 18. nerve injury/spinal cord injury
- ☐ 19. muscle cramps or spasm
- ☐ 20. other

CAUSE OF INJURY- DIAGNOSIS

- ☐ 1. overuse (gradual onset)
- ☐ 2. overuse (sudden onset)
- ☐ 3. non-contact trauma
- ☐ 4. recurrence of previous injury
- ☐ 11. contact with another athlete:
 - ☐ a. same team
 - ☐ b. another team
- ☐ 12. contact: moving object (eg.ball)
- ☐ 13. contact: stagnant object (eg.net,post)
- ☐ 14. violation of rules (foul play)
- ☐ 21. field of play conditions
- ☐ 22. hall environmental conditions
- ☐ 23. equipment failure
- ☐ 24. other

SEVERITY - EXPECTED DURATION OF ABSENCE FROM TRAINING OR COMPETITION(IN DAYS):

- ☐ 2: 2 days
- ☐ 7: 1 week
- ☐ 14: 2 weeks
- ☐ 21: 3 weeks
- ☐ 28: 4 weeks
- ☐ >30: more than 4 weeks
- ☐ >180:6 months or more

SIGNATURE TEAM DOCTOR:

The concerned Player(s) herewith consent that the data concerning an injury suffered by him/her during a volleyball match in particular re. the time of injury, the injury location, the type of injury, the cause of injury, its severity ("Injury Data") may be processed by FIVB and third-parties strictly restricted to scientific purposes. Such processing of Injury Data shall be conducted in a pseudonymized way or – if possible – in an anonymized way. The basis for such processing is the consent, sec. 9 para. 2 lit. a GDPR. The concerned Player(s) know that have the right to withdraw the consent at any time by informing FIVB under medical@fivb.com. This does not affect the lawfulness of processing based on your consent before the withdrawal. For more information regarding the processing of data, including your rights in accordance with Article 15 et seq. GDPR, please read our Data Protection Information available at <https://en.volleyballworld.com/privacy-policy>.

Player Signature

Player's name

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
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