

## **Verification of Athlete Illness or Injury**

To be completed only by a Canadian National Sport Centre Physician holding a CASEM Diploma of Sport Medicine or other CASEM Diploma of Sport Medicine Physician approved by the Canadian Fencing Federation.

l, (please print name)		
required.	t for <b>injury card status,</b> and to verify the information as	;
Student signature	Date	

2. To be completed by the Sport Medicine Physician: Please indicate below the effect of the illness, injury and/or treatment on the athlete's ability to train and compete.

Initial the most r	relevant	Degree of incapacitation on	Start date	Anticipated end date
category		athletic performance		
Sev	vere	Completely unable to function at		
		any level e.g. unable to train and		
		compete		
Ser	rious	Significantly impaired in ability to		
		train and compete.		
Mo	oderate	May be able to train and		
		compete but performance		
		considerably affected.		
Mil	ild	Likely able to train and compete		
	_	but performance affected to a		
		minor degree, with mild		
		impairment and minimal		
		symptoms.		
Neg	gligible	Unlikely to have an effect on		
		ability to train and compete.		



Frequency and/or timeline of contact with athlete relevant to present illness/episode of illness/injury
Once only – visit date:
Multiple/On-going – Visit Dates:

3.	Verification	by the	Sport	Medicine	Physician

This form is based on examination and applicab <b>NOT after the fact</b> . I certify that this assessmen	le documented history at the time of illness or injury, t falls within my legislated scope of practice.	
Name (Please Print)		
Signature	Date	

Completion of this form does not guarantee that special consideration will be granted regarding your carding status. Incomplete forms will not be processed. In some appeal situations, the CFF may require additional information from you, or your practitioner to decide whether or not to grant or confirm injury card status.