



## Verification of Athlete Illness or Injury

1. To be completed by the athlete:

I, (please print name) \_\_\_\_\_ authorize this practitioner to provide the information on this form relating to my injury and to verify the information as required.

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Date

Are you in need of assistance in locating a Physician holding a CASEM Diploma of Sport Medicine or other Sport Medicine practitioner approved by the Canadian Fencing Federation? Please contact: Dinah Hampson [dinah@pivotsmo.com](mailto:dinah@pivotsmo.com)

2. To be completed only by a Physician holding a CASEM Diploma of Sport Medicine or other Sport Medicine practitioner approved by the Canadian Fencing Federation (\*refer to CFF practitioner approval policy).

Date of Injury: \_\_\_\_\_

Description of injury: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Special tests: \_\_\_\_\_

Dates of appointments regarding injury: \_\_\_\_\_

Practitioners involved in care: \_\_\_\_\_

Description of treatment plan: \_\_\_\_\_

Please attach any supporting documentation

Please indicate below the effect of the illness, injury and/or treatment on the athlete's ability to train and compete.



Initial the most relevant category	Degree of incapacitation on athletic performance	Start Date	Anticipated end date
<input type="checkbox"/> Severe	Completely unable to function at any level e.g. unable to train and compete		
<input type="checkbox"/> Serious	Significantly impaired in ability to train and compete.		
<input type="checkbox"/> Moderate	May be able to train and compete but performance considerably affected.		
<input type="checkbox"/> Mild	Likely able to train and compete but performance affected to a minor degree, with mild impairment and minimal symptoms.		
<input type="checkbox"/> Negligible	Unlikely to have an effect on ability to train and compete.		

Is modified training an option?      Yes \_\_\_\_\_      No \_\_\_\_\_

If yes, describe modifications \_\_\_\_\_

3. Verification by the Sport Medicine Physician/Practitioner

This form is based on examination and application documented history at the time of illness or injury, NOT after the fact. I certify that this assessment falls within my legislated scope of practice.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Professional Designation

Contact Information

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

4. Verification by the Athlete

I understand the current status of my above stated injury and I am able to do the following to the best of my ability, injury not withstanding:

I am unable to train \_\_\_\_\_

I am able to train with modifications \_\_\_\_\_

I am able to train without modifications \_\_\_\_\_

I am unable to compete \_\_\_\_\_

I am able to compete with modifications \_\_\_\_\_

I am able to compete without modifications \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

5. Verification by the coach

I understand the above injury and the implication for training and competition

Comments \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date