**UIAA Injury Report Form**

(to be completed in moderate and major injuries at official UIAA ice climbing events)

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| **Competition** |  |
| **Date and Time** |  |
| **Category / Round / Discipline** |  |
| **Injured Climber Name** |  |
| **Address** |  |
| **Federation** |  |
| **Email** |  |
| **Phone number** |  |
| **Type of injury** |  |
| **Cause of injury** |  |
| **Continuation of competition** | **Yes……. No……..** |
| **Any further treatment required** |  |

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| --- | --- | --- |
| **Authorisation signatures** | **Competition Doctor** | **Jury President** |
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