



Nanaimo Athletic Commission

**POST-CONTEST  
MEDICAL AND INJURY REPORT**

- INSTRUCTIONS** – 1. This form shall be completed at the conclusion of each contest for each participant noting the general medical condition of the participant and any specific injury. This report shall also be completed should an injury occur to a participant while in training or by any other means.
2. The form must be completed by a medical doctor and returned to the NANAIMO ATHLETIC COMMISSION.

	Name of Athlete:		Date of Injury:	
	General Condition of Athlete: _____ _____			
	Specify any Injury noted or complained of by athlete: _____ _____ _____			
	Treatment: _____ _____ _____			
	Tests or surveys conducted – (Please list and include results) <i>Copies of all reports must be forwarded to the Commission</i>	_____ _____ _____		
	Recommendations: _____ _____ _____			
	Date:	Signature of Medical Examiner:		
<b>OFFICIAL USE ONLY</b>	Name of Athlete:			
	Nature of Injury:			
	Date of Suspension:	Length of Suspension:	Date Suspension Lifted:	