



## Rowing Competition Medical Return

Complete a copy of this form for each person requiring First Aid/medical attention by placing a tick in the boxes below the appropriate options. Include the form/s with your other competition returns to British Rowing and indicate if a Nil Return where appropriate.

**Competition Name:**

**Date:**

**Nil Return? Yes / No**

**Contact Name:**

**Position:**

**Tel:**

**Age of person treated:**

**Male / Female:**

Patient	Rower	Coach	Supporter	Spectator	Passer By		
On Land Location of Accident	Water's Edge	Landing Stage	Boathouse /Premises	Road	Other		
On Water Location	Before start	During Race	After finish	Safety Launch	Other		
Diagnosis Category	Traffic Accident	Fall/Trip	Water collision	Immersion/Hypothermia	Non-Trauma		
If a Trauma  Site of injury	Head	Face	Eye	Nose	Teeth	Neck	Clavicle
	Shoulder	Upper Arm	Elbow	Forearm	Wrist	Hands	Fingers
	T/spine	L/spine	Ribs	Thorax	Abdomen	Pelvis	Coccyx
	Hip	Thigh	Knee	Calf/ Tib-fib	Ankle	Foot/Toes	Multiple
Non Trauma	Asthma attack	Chest pain	Abdominal Symptoms	Collapse/ Fit/faint	Flu/unwell	Musculo-skeletal	Sickness Vomiting
Attended by	1 <sup>st</sup> Aider	Paramedic/ Technician	Doctor	Physio	Other Specify		
Treatment Given on site	Dressing	Ice Pack	Anti-histamine	Paracetamol	Oxygen,	Splint	Spinal Board
	Neck Brace	Defibrillator	Intravenous Injection	Prescription	Advice	Other Specify	
Diagnosis	Minor Injury	Musculo-skeletal	Collapse	Respiratory	Gastro-intestinal	Cardiac	Other Specify
Outcome	Reassurance	First Aid	To See GP at home	To Attend A&E at home	To A&E by car	To A&E by ambulance	To see Physio

**Please return to Chairman—Medical Committee, c/o British Rowing, 6 Lower Mall, London W6 9DJ**