



# CHIRURGEON EVENT REPORT



EVENT \_\_\_\_\_

EVENT DATE(S) \_\_\_\_\_ HOST GROUP \_\_\_\_\_

LOCATION \_\_\_\_\_

MARSHALL-IN-CHARGE \_\_\_\_\_

CHIRURGEON-IN-CHARGE \_\_\_\_\_

WARRANTED CHIRURGEONS	
Name	Home group

APPRENTICE CHIRURGEONS OBSERVED*	
Name	Home Group

\*Attach Apprentice Evaluations

WEATHER AND CONDITIONS \_\_\_\_\_

ATTENDANCE AT EVENT \_\_\_\_\_ NUMBER OF: HEAVY FIGHTERS \_\_\_\_\_ RAPIER FIGHTERS \_\_\_\_\_

REALLY, NOTHING HAPPENED

### MINIMAL INJURIES\*

	Heavy	Rapier	Kitchen	Dancing	Camping	Bystander	Other
Band-Aids							
OTC meds							
Mild Heat injury							
Contusions/abrasions							
Musculoskeletal							
Burns							
Splinters/FB							
Substance abuse							
Other							

\*Treated on-site, unlikely to need medical follow-up

Continued on back

**MINOR INJURIES\***

	<b>Heavy</b>	<b>Rapier</b>	<b>Kitchen</b>	<b>Dancing</b>	<b>Camping</b>	<b>Bystander</b>	<b>Other</b>
<b>Fractures</b>							
<b>Dislocations</b>							
<b>Lacerations</b>							
<b>Unconsciousness</b>							
<b>Burns</b>							
<b>Environmental</b>							
<b>Medical</b>							
<b>Substance abuse</b>							
<b>Other</b>							

\* Treated onsite and requiring medical follow-up

**SERIOUS INJURIES\*:**

\*Injuries requiring immediate transport and treatment and/or treatment of minors

Reported on separate page(s)

None

**COMMENTS:**

**CHIRURGEON-IN-CHARGE** \_\_\_\_\_

**LEGAL NAME** \_\_\_\_\_

**LEGAL SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_