**Medical & Doping Control Report**

**Wrestling Competitions of 2020**



Date (Year, month, day)

The wrestling competitions of XXX were held in XXX (City, Country), during XXX. Along with my colleague Dr. XXX *(if there is any other UWW Dr.),* I served as the UWW Doctor of the competitions. I arrived in XXX *(the city)* on XXX *(Date);* was placed at XXX Hotel and returned on XXX *(Date)* after completion of my mission. The following is my itemized report.

|  |  |  |
| --- | --- | --- |
| **A** | **The Competition Information** | |
| A1 | Name of the Competition: |  |
| A2 | Date – Duration: |  |
| A3 | Place (Arena, City, Country): |  |
| A4 | Styles: | GR WW FS |
| A5 | Level: | Cadet Junior Senior Veteran |
| A6 | Number of participating wrestlers: |  |
| A7 | Number of participating countries: |  |
| A8 | Number of matches: | GR … WW … FS … / TOTAL … |
| **B** | **Organizing Committee Information** | |
| B1 | Hosting Federation: |  |
| B2 | UWW Technical Delegate: |  |
| B3 | Competitions General Director: |  |
| B4 | Medical Director: |  |
| B5 | Doping Control Director: |  |

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| **C** | **Pre-Competition Activities** | |
| C1 | Meeting with the medical team: |  |
| C2 | Attending referee meeting: |  |
| C3 | Attending technical meeting: |  |
| C4 | Visiting medical check location: |  |
| C5 | Visiting venue clinic and facilities: |  |
| C6 | Visiting in-field medical stations: |  |
| C7 | Visiting doping control station: |  |
| C8 | Comments / feedbacks: | |
|  | |
| **D** | **Pre-Weighing Medical Examination** | |
| D1 | Location: |  |
| D2 | Dates: |  |
| D3 | Quality and standards of the station: |  |
| D4 | Examiners efficiency and function: |  |
| D5 | Any positive finding: |  |
| D6 | Any disqualification: |  |
| D7 | Overall evaluation – Comments: | |
|  | |
| **E** | **Medical Coverage** | |
| E1 | Venue medical clinic - condition, supplies & equipment: | |
|  | |
| E2 | Ambulance and hospital arrangements: | |
|  | |
| E3 | Medical arrangements at the training hall: | |
|  | |
| E4 | Medical arrangements at the competition area: | |
|  | |
| E5 | Number and qualifications of the medical team: | |
|  | |
| E6 | Patient stabilization & transportation equipment: | |
|  | |
| E7 | Comments / feedbacks: | |
|  | |

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| --- | --- | --- |
| **F** | **Injuries & Medical Conditions** | |
| F1 | Number of registered injuries: | Mild … Moderate … Severe … / TOTAL … |
| F2 | Number of registered diseases: | Mild … Moderate … Critical … / TOTAL … |
| F3 | Number of discontinued matches: |  |
| F4 | Number of hospital referrals: |  |
| F5 | Itemized injuries: | Attachment 1 |
| F6 | Itemized medical conditions: | Attachment 2 |
| F7 | Any dangerous or critical condition: |  |
| F8 | Any medical insurance claim: |  |
| F9 | Athena system function: |  |
| F10 | Comments / feedbacks: | |
|  | |

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| --- | --- | --- |
| **G** | **Mats** | |
| G1 | Number of the competition mats: |  |
| G2 | Hygienic care and condition of the mats, and cleaning service: | |
|  | |
| G3 | Comments / feedbacks: | |
|  | |

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| --- | --- |
| **H** | **Accommodation & Nutrition** |
| H1 | Health related conditions of wrestler’s accommodations: |
|  |
| H2 | Quality and quantity of foods provided for athletes: |
|  |
| H3 | Quality and quantity of proper beverages provided to athletes at competition and training arenas: |
|  |
| H4 | Any specific issue, comments, feedbacks: |
|  |

|  |  |  |
| --- | --- | --- |
| **I** | **Doping Control** | |
| I1 | Number of collected samples: | Urine … Blood … / TOTAL … |
| I2 | Contracted doping control laboratory: |  |
| I3 | Doping control station facilities and equipment: | |
|  | |
| I4 | Doping control procedure: | |
|  | |
| I5 | Any TUE application request: | |
|  | |
| I6 | Any specific issue, comments, feedbacks: | |
|  | |

Closing paragraph, including any further issue, comment, suggestion, advice and an overall evaluation of health-related issue, medical coverage and doping control process during the competitions. You can add any chart, table, picture, photo, diagram, or note as an Appendix to the report.

Name and signature

**ATTACHMENT 1 –**

**List of injuries during the competitions**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| # | Wrestler’s Information | | | | Injury | | | |
| Name | Style | Weight | Nationality | Site | Type | Severity | Time |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**ATTACHMENT 2 –**

**List of medical conditions and diseases during the competitions**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | Wrestler’s Information | | | | Medical Condition |
| Name | Style | Weight | Nationality |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**ATTACHMENT 3 –**

**Relevant pictures**