

## MEDICAL RESEARCH DATA

The doctor/trainer is requested to complete the following information to assist USA Wrestling's ongoing study of wrestling injuries and their prevention.

Name of Competition \_\_\_\_\_

City \_\_\_\_\_ Date \_\_\_\_\_

Day of Competition                      Time                      Style  
(1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>) \_\_\_\_\_ of Day \_\_\_\_\_ (FS, GR, WM, Folk) \_\_\_\_\_

Wrestler's Name \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Home Town \_\_\_\_\_

Injury R/L/Bilateral \_\_\_\_\_ Location \_\_\_\_\_ Mechanism \_\_\_\_\_

Hold \_\_\_\_\_

Diagnosis:

Treatment:

#1 \_\_\_\_\_ #1 \_\_\_\_\_

#2 \_\_\_\_\_ #2 \_\_\_\_\_

#3 \_\_\_\_\_ #3 \_\_\_\_\_

Hospital? Y/N \_\_\_\_\_

X-Ray? Y/N \_\_\_\_\_

Name of Hospital \_\_\_\_\_

Address \_\_\_\_\_

Post-Hospital Report Received? Y/N \_\_\_\_\_

Signature \_\_\_\_\_ Trainer/Physician