



ISC INJURY ASSESSMENT FORM

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Date: _____ Time:- _____

Competitor Name: _____

Competitor Date of Birth: _____

Competitor NAC: _____

Name of FAI Controller Initiating this Assessment: _____

INSTRUCTIONS: This form must be completed by the FAI Controller, and is designed to be completed by a non-medically trained person. Both Category A and B Sections must be completed.

NOTICE TO THE COMPETITOR: Any POSITIVE assessment means you must complete a medical evaluation using the ISC Medical Evaluation Form and be cleared by a Licensed Medical Doctor (MD or DO.) If any assessment is POSITIVE or NEGATIVE, you must complete and sign the RETURN TO COMPETITION STATEMENT before further competition activity is permitted.

CATEGORY A: Please mark if any of the following conditions apply:

- | | |
|--|--|
| <input type="checkbox"/> Obvious bone deformity or fracture | <input type="checkbox"/> Difficulty breathing |
| <input type="checkbox"/> Disorientation or abnormal vision | <input type="checkbox"/> Severe pain after landing or exiting tunnel |
| <input type="checkbox"/> Heat exhaustion | <input type="checkbox"/> Required assistance to walk |
| <input type="checkbox"/> Loss of consciousness (no matter how brief) | |

CATEGORY A INJURY ASSESSMENT:

- POSITIVE. (Any above box marked.) A medical evaluation by a Licensed Medical Doctor is required.
- NEGATIVE. This competitor is free to decide about further sporting competition activity (unless Category B is positive.)

ISC INJURY ASSESSMENT FORM, continued.

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CATEGORY B: If any of the following conditions apply, complete the Concussion Screening below. If the Concussion Screening is NEGATIVE, a medical evaluation is not required due to that specific Category B item (but may be required due to other items.)

- Headache or any symptoms after hard opening (Concussion Screening below)
- Head or neck collision with tunnel wall, another competitor, aircraft, or ground/object during freefall, landing, or while in tunnel. (Concussion Screening below)

To complete this Concussion Screening, your general observations must be based upon an interview with the competitor, and completed as soon as possible after any potential head injury or concussion.

Mark below if you observe any behavior that is abnormal or concerning based on your best judgement. Keep in mind the safety of the competitor is the primary objective. You must ask the competitor to describe what happened, and if they are experiencing any of the following symptoms. Mark below if any are present. Questions should be answered by the competitor quickly and without confusion.

- Nausea or vomiting
- Ringing noise in ears
- Blurry or double vision
- Confusion or disorientation
- Headache
- Light bothering their eyes
- Dizziness
- Off balance or feeling groggy
- Behavior observed by the interviewer that appears abnormal (such as slow to answer, confusion, unable to answer, memory loss, or difficulty walking or standing.)

Category B Screening for potential concussion/head injury is:

- POSITIVE (any above box marked.)
- NEGATIVE. This competitor is free to decide about further sporting competition activity (unless Category A is positive.)

A positive Category A or B result requires the competitor to have a medical evaluation and clearance by a Licensed Doctor before further competition activity is permitted.

FAI Controller, Meet Director, and Chief Judge Notified: _____

HoD/Team Manager Notified: _____

Notifications by (FAI Controller): _____

Date: _____ Time: _____

ISC INJURY ASSESSMENT FORM, continued.

RETURN TO COMPETITION STATEMENT

I request to return to competition, and accept all liability as a result of any known or unknown injuries. I agree to release and hold harmless the FAI Controller and all meet officials as a result of my return to competition. If a Medical Evaluation was performed, I agree to follow any instructions and requirements issued by the Licensed Medical Doctor as a condition for my returning to competition.

Note: If a competitor is less than eighteen (18) years of age, a Parent or Legal Guardian must also sign below.

Date: _____ Time: _____

Competitor Name: _____

Competitor Date of Birth: _____

Competitor NAC: _____

Competitor Signature

Parent or Legal Guardian Name: _____

Parent or Legal Guardian Signature

FAI Controller, Meet Director, and Chief Judge Notified: _____

HoD/Team Manager Notified: _____

Notifications by (FAI Controller): _____

Date: _____ Time: _____