



USA Fencing Medical Withdrawal Form

Athlete Email:

Athlete Phone:

Date:	Event:	Location:
Name:	Vitals <i>(if indicated)</i>	
Age:	DOB:	Rt. / Lt. Handed
Injury Location (body region):		
Mechanism of injury <i>(briefly describe the fencing action)</i>:		
Signs/Symptoms:		
Pre-existing conditions <i>(e.g. prior history of concussion)</i>:		
Evaluation:		
Discussion/Recommendations: Assessment/Differential Diagnosis:		
Athlete signature:		
		Date:
Admin/ATC/Medical provider signature:		
		Date:

Please fill out all areas - if not applicable please put N/A