



Fédération Internationale de Volleyball
Château Les Tourelles, Edouard-Sandoz 2-4, 1006 Lausanne, Switzerland
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MEDICAL DELEGATE REPORT

Event:

Dates: through

Location (city, country):

FIVB Medical Delegate:

E-Mail:

Mobile Phone #:

MEDICAL SERVICES:

Name of event Medical Director:

Qualifications (GP, orthopaedic surgeon, sports physician, etc):

E-mail:

Mobile phone #:

Medical support staff: Adequate Not adequate

Description (number, qualifications, organization, etc):

MEDICAL FACILITIES:

Adequate Not adequate

Description:

DOPING CONTROL:

Number of samples - Men: Women: Total:

Doping control room: Adequate Not adequate

Name of anti-doping agency:

Name of principal doping control officer:

E-mail:

Mobile phone #:

Name of laboratory used:

Comments on doping control facilities and procedures:

MAJOR INJURIES:

ALCOHOL TESTS:

Total number of tests performed:

Procedures and equipment: Adequate Not adequate

Positives? : No Yes

REFEREE HEALTH CONTROLS:

Total number of referees controlled:

Comments:

PLAYER NUTRITION:

Breakfast: Adequate Not adequate

Lunch: Adequate Not adequate

Dinner: Adequate Not adequate

Fluids: Adequate Not adequate

Player hotel/venue kitchen inspection: Completed Not completed

Comments:

GENERAL COMMENTS/RECOMMENDATIONS:

DATE COMPLETED:

NOTE:

- THE FORM SHOULD BE COMPLETED AND E-MAILED TO THE FIVB OFFICE (TECHNICAL@FIVB.ORG) AND THE FIVB MEDICAL COMMISSION PRESIDENT (ROALD.BAHR@NIH.NO) IMMEDIATELY FOLLOWING THE EVENT.
- ALL ORIGINAL M1 FORMS SHOULD BE SENT TO THE FIVB TECHNICAL DEPARTMENT IN A SEALED ENVELOPE AS CONFIDENTIAL MEDICAL INFORMATION, ALONG WITH THE RESULTS OF REFEREE MEDICAL CONTROLS. PRIOR TO SENDING THE FORMS THE MEDICAL DELEGATE MUST COPY ALL M1 FORMS AND KEEP THESE COPIES IN A SEALED ENVELOPE FOR AT LEAST ONE MONTH AFTER THE END OF THE COMPETITION.