



CHIRURGEON EVENT REPORT



EVENT _____

EVENT DATE(S) _____ HOST GROUP _____

LOCATION _____

MARSHALL-IN-CHARGE _____

CHIRURGEON-IN-CHARGE _____

WARRANTED CHIRURGEONS	
Name	Home group

CHIRURGEONS-IN-TRAINING OBSERVED*	
Name	Home Group

***Attach Chirurgeon-in-Training Evaluations**

WEATHER AND CONDITIONS

Attendance at Event _____ Number of: Heavy Fighters _____ Rapier Fighters _____

Really, nothing happened

MINIMAL INJURIES*

	Heavy	Rapier	Kitchen	Dancing	Camping	Bystander	Other
Band-Aids							
OTC meds							
Mild Heat injury							
Contusions/ abrasions							
Musculoskeletal							
Burns							
Splinters/FB							
Substance abuse							
Other							

***Treated on-site, unlikely to need medical follow-up**

MODERATE INJURIES*

	Heavy	Rapier	Kitchen	Dancing	Camping	Bystander	Other
Fractures							
Dislocations							
Lacerations							
Unconsciousness							
Burns							
Environmental							
Medical							
Substance abuse							
Other							

* Treated on-site and requiring medical follow-up

SERIOUS INJURIES*:

***Injuries requiring immediate transport and treatment and/or treatment of minors**

Reported on separate page(s)

None

COMMENTS:

CHIRURGEON-IN-CHARGE

LEGAL NAME

LEGAL SIGNATURE

DATE