

Medical Report Form for Illnesses

Date of report: ____ / ____ / ____ (dd/mm/yy)

Tournament name: _____

Athlete identification nr: _____ **Date of onset:** ____ / ____ / ____

Report completed by:

Name: _____

Email: _____ **Phone nr:** _____

Competition or training

- | | | |
|---|--|--|
| <input type="checkbox"/> Tennis match (singles) | <input type="checkbox"/> Tennis practice (skills on court) | <input type="checkbox"/> Non-tennis |
| <input type="checkbox"/> Tennis match (doubles) | <input type="checkbox"/> Strength & conditioning | <input type="checkbox"/> Unknown, or not specified |

Type of illness

- | | | |
|---|--|--|
| <input type="checkbox"/> New | <input type="checkbox"/> Subsequent recurrent illness
<i>(same organ, same type)</i> | <input type="checkbox"/> Unknown, or not specified |
| <input type="checkbox"/> Exacerbation of existing illness | <input type="checkbox"/> Subsequent local illness
<i>(same organ, different type)</i> | |

Affected organ system / region

- | | | |
|---|--|--|
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Haematological | <input type="checkbox"/> Ophthalmological |
| <input type="checkbox"/> Dermatological | <input type="checkbox"/> Musculoskeletal | <input type="checkbox"/> Otological |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Neurological | <input type="checkbox"/> Psychiatric/psychological |
| <input type="checkbox"/> Endocrinological | <input type="checkbox"/> Autonomic nervous system | <input type="checkbox"/> Respiratory |
| <input type="checkbox"/> Gastrointestinal | <input type="checkbox"/> Central nervous system | <input type="checkbox"/> Thermoregulatory |
| <input type="checkbox"/> Genitourinary | <input type="checkbox"/> Peripheral nervous system | <input type="checkbox"/> Unknown, or not specified |

Body side

- Left Right Both Not applicable

Aetiology

- | | | |
|---|--|---|
| <input type="checkbox"/> Allergic | <input type="checkbox"/> Infectious disease | <input type="checkbox"/> Degenerative/chronic condition |
| <input type="checkbox"/> Environmental - exercise-related | <input type="checkbox"/> Neoplasm | <input type="checkbox"/> Developmental anomaly |
| <input type="checkbox"/> Environmental - non-exercise | <input type="checkbox"/> Metabolic / nutritional | <input type="checkbox"/> Drug-related/poisoning |
| <input type="checkbox"/> Immunological/inflammatory | <input type="checkbox"/> Vascular | <input type="checkbox"/> Unknown, or not specified |

Diagnosis and diagnosis code: _____ OSTRC SMDSC ICD

Provide diagnosis and diagnosis code from the Orchard Sports Injury and Illness Classification System (OSIICS), the Sport Medicine Diagnostic Coding System (SMDSC), or the International Classification of Disease (ICD).

Time-loss in tennis due to illness No Yes**Date of full return to normal training and competition:** ____ / ____ / ____ (dd/mm/yy)**No return to tennis possible:** fatality permanent disability other reason: _____**The Following Fields Are Optional, Depending On The Research Question****Court surface** Clay court Hard court Synthetic turf Natural grass Other (please specify): _____**Environmental conditions****Temperature (°C):** _____ **Humidity (%):** _____**Heat index:** _____ **WBGT:** _____**Air quality index** good unhealthy for sensitive groups very unhealthy
 moderate unhealthy hazardous