

BV-15

CEV BEACH VOLLEYBALL MEDICAL INJURY TIME OUT / INJURY FORFEIT



Name of the Competition: _____

Venue and date: _____

To be filled in by the athlete:

Athlete Name		Date (d/m/y)	
Match #		Hour (h/m)	
Reason for Medical Time Out / Forfeit Injury			
Athlete Signature			

To be filled in by the official Event's Doctor:

Medical Evaluation			
Is the athlete able to continue in the competition without putting his/her own health condition at risk?			
	YES	NO	
Remarks			

Acknowledgement by:

Event's Doctor	CEV Medical Delegate (if any)	CEV Technical Supervisor

TO BE FILLED IN BY THE TEAM'S MEDICAL PERSONNEL

Note: in the case that a medical doctor for the team concerned is not available, the athlete must get the written approval of the official Event's Doctor or the CEV Medical Delegate, if present.

MEDICAL CERTIFICATE

I, hereby confirm, that the athlete indicated here is fit to participate in any CEV Beach Volleyball event without putting his / her own health condition at risk.

Name of the Medical Doctor (printed)

Signature of the Medical Doctor

INSTRUCTION:

In the case of an athlete requesting a medical injury time-out, or forfeiting a match due to injury, immediately following the relevant scoresheet administration, he/she will be given a copy of the BV-15 form by the match referee (the exception to this rule being the use of a medical injury time-out due to blood injury).

Upon receipt, the athlete will be then responsible for filling in the reasons for the medical injury time-out request or the forfeit of the match and must then sign it and present him/herself along with the form at the Events medical office. After going through a check by the official medical doctor, the athlete will then be responsible for giving the form, duly signed by the official medical doctor, to the CEV Technical Supervisor who shall assess the situation (if needed together with the event's official medical doctor and the CEV Medical Delegate, if present) and make a copy of the BV-15 to be attached to the TS report together with the relevant match scoresheet.

The athlete will receive the original BV-15 form for submission to their medical doctor(s) who will be then responsible for clearing the athlete for the next match by confirming that he/she is in good health condition and can participate without putting his/her own health at risk. The athlete must then present the form duly completed to the CEV Technical Supervisor before he/she plays their next match in the same tournament. Otherwise, the BV-15 duly filled in, must be presented to the CEV Supervisor at the Technical Meeting of the next event the athlete wishes to participate in.