



**BVB / 49 (front page)**



**Medical injury time out / Injury forfeit**

EVENT:..... DATE:.....

**TO BE FILLED IN BY THE ATHLETE**

Athlete Name:		Date (dd/mm/yy)	/	/	Match #		Hour (h/m)	/
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REASON FOR MEDICAL TIME OUT / INJURY FORFEIT

Athlete signature:

**TO BE FILLED IN BY THE TOURNAMENT'S OFFICIAL PHYSICIAN**

MEDICAL EVALUATION

Is the athlete able to continue in the competition without putting his / her own health condition at risk? **YES / NO** (please circle)

Remarks:

**Acknowledgement by:**

Official Physician:		FIVB Medical Delegate (if any):		FIVB Technical Supervisor:	
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## BVB / 49 (back page)

### Medical injury time out / Injury forfeit

#### 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 tournament's official medical doctor or the FIVB Medical Delegate, if present.*

#### MEDICAL CERTIFICATE

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

Physician's name (print name):

ACKNOWLEDGEMENT:

#### 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 BVB/49 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 tournament's 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 FIVB Technical Supervisor who shall assess the situation (if needed together with the event's Organizing Committee, the official medical doctor and the FIVB Medical Delegate, if present) and make a copy of the BVB/49 to be attached to the TS report together with the relevant match scoresheet.

The athlete will receive the original BVB/49 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 FIVB Technical Supervisor before he/she plays their next match in the same tournament. Otherwise, the BVB/49 duly filled in, must be presented to the FIVB Technical Supervisor at the Technical Meeting of the next event the athlete wishes to participate in.