AUSTRALASIAN COLLEGE OF
SPORT AND EXERCISE PHYSICIANS

Category 5 – Minor Event Coverage Form

DESCRIPTION

This form is used by Registrars to document completion of Category 5 – Minor Event Coverage event and team coverage requirements in the Training Program. This form must be completed post-event by the Registrar, the event manager and the Registrar's ACSEP supervisor.

REGISTRAR AND EVENT DETAILS

Registrar name		Year	
Stage of training		Training period	
Position at event			
Event name		Sport type	
Start date		End date	
Event manager name		Event manager position	
ACSEP supervisor name		Supervision level	

REGISTRAR ROLE DESCRIPTION

To be completed by the Registrar.

Overview of the Registrar's medical role and a description of the event.

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MEDICAL/MUSCULOSKELETAL CONDITIONS MANAGED

To be completed by the Registrar.

List of the significant medical or musculoskeletal problems managed by the Registrar and how they were managed. Note: All problems must be included in the Registrar's Training Logbook.

REFLECTION

To be completed by the Registrar.

Describe the aspects of the event that went particularly well and aspects that were not expected or did not go according to plan. How would you change your approach to managing another similar event?

MEDICAL AND CONSULTATION SKILLS

To be completed by the ACSEP supervisor.

	Poor	Fair	Satisfactory	Good	Excellent	N/A
Management of acute medical situations						
Management of injuries and illness						

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	Poor	Fair	Satisfactory	Good	Excellent	N/A
Medical recordkeeping – accurate, detailed, up to date						
Follow on care – continuum of care of athletes suitable						
Additional comments – strengths or development areas						

SIGNOFF

Registrar name		Signature	
Date			
Event manager name		Signature	
Date			
Acknowledgement/appreciation letter received for coverage from event manager. Registrar to retain and present if requested.		☐ Yes ☐ No ☐ N/A	
ACSEP supervisor name		Signature	
Date			
Overall outcome *(determined by ACSEP supervisor)*	☐ Satisfactory ☐ Unsatisfactory		