**Medical Officer Performance Feedback Form**

**Performance Report**

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| --- | --- |
| Event |  |
| Location |  |
| Dates |  |
| Technical Delegate |  |

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| --- |
| **Medical Officer Information** |
| Name of Medical Officer |  |
| Date of Birth |  |
| Nationality |  |
| Medical Qualifications |  |
| Position | FIH Medical Officer |  | Local Medical Officer |  |

|  |  |  |
| --- | --- | --- |
| **Overall Standard (select one):** | **Team Membership (select one):** | **English Language (select one):** |
| Good |  | Good |  | Good |  |
| Satisfactory |  | Satisfactory |  | Satisfactory |  |
| Poor |  | Poor |  | Poor |  |

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| --- |
| **Comment in detail for each criterion** |
| Pre-Tournament Correspondence and Preparation |
|  |
| Inspection of Medical Facilities, Support Services |
|  |
| Tournament Medical Briefing |
|  |
| Doping Control – Procedure and Organisation |
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| Interaction with Team Medical Officials |
|  |
| Interaction local Medical Team and Organising Committee |
|  |
| Co-operation with Tournament Delegate |
|  |

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| **Recommendation for FIH Medical Advisory Panel (select one):** |
| Continue using at this level |  |
| Accelerate international exposure |  |
| Reconsider international exposure |  |
| Stop international exposure |  |

**TD Name: Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: d**