

Injury Report Form

Steward of meeting to SMS all injuries requiring a medical clearance to Priscilla Thomas 0429 212 492 before 8am next business day.

In the event of a death please contact the local police, and SMS/Call details to PTHOMAS on 0429 212 492 immediately.

Date /	/	Time			
Event and Incident Details					
Event					
Permit No.					
Discipline					
Promoter					
Venue					
	.,,				
□ Competitor		□ Specta	tor		
□ Official		□ Other			
Class	Class		Bike No #		
Location / Turn #					
Racing Stop	ped	□ Yes	□ No		
Arrived at Medical Centre by □ Walk in □ FIV □ Ambulance □ Other					
Injuries		□ Yes	□ No		
Summary of	Injuries				
Medical Clea	arance Require	ed □ Yes	□ No		
Referred to (name)					
Transported □ Private Ca		mbulance	□ Helicopter		
Form Completed By					
Name					
Organisation					
Signature					
Contact Number					
Date / Time					

Patient Details					
Name					
MA Licence Number					
Date of Birth					
Address					
Phone Number					
Emergency Contact perso	Emergency Contact person:				
Medical Background Concurrent Illnesses and I	Previous Operations				
	Tetanus UTD Y/N				
Current Medication					
Allergies					
BP	Heart Rate				
GCS	SpO2 %				
Relevant Presentation / Ex	camination / Treatment Detail				
Marks / impacts to helmet					



INJURY REPORT FORM

	No. Company of the Samuel Hillians and	Buston Con European	D - ()
Battanta Nama	Nature of Injury/Illness	Protective Equipment	Referral
Patients Name:	☐ abrasion/graze	Was protective equipment worn on the injured	☐ no referral
	☐ sprain e.g. ligament tear	body part? ☐ yes ☐ no	☐ medical practitioner
	☐ strain e.g. muscle tear	If yes, what type eg helmet, neck	□ physiotherapist
	☐ open wound/laceration/cut	brace	☐ ambulance transport
Type of activity at time of injury	☐ bruise/contusion	biace	☐ hospital (private car)
□ practice	☐ inflammation/swelling	Initial Treatment	☐ helicopter ☐ other
□ competition	☐ dislocation/subluxation	☐ none given (not required)	
☐ recreational	☐ overuse injury to muscle or tendon	☐ RICER ☐ dressing	Daniel de la constitución de la
□ other	□ blisters	☐ taping only ☐ crutches	Provisional severity assessment
_ • • • • • • • • • • • • • • • • • • •	☐ fracture (including suspected) *	☐ sling, splint ☐ stretch/exercises	☐ mild (1-7 days modified activity)
Reason for Presentation	concussion *	□ CPR	☐ moderate (8-21 days modified activity)
□ new injury	cardiac problem *	☐ none given - referred elsewhere	☐ severe (>21 days modified or lost)
□ exacerbated/aggravated injury	•	In hone given - referred elsewhere	
	☐ respiratory problem * ☐ loss of consciousness *	alla a s	Treating person
☐ recurrent injury		other	☐ medical practitioner
□ illness	☐ unspecified medical condition		☐ first aid provider
□ other	□ other	Advice Given	□ other
	* Automatic Licence Suspension	☐ Immediate return, unrestricted activity	
Body Region Injured		☐ Able to return with restriction	
Tick or circle body part/s injured & name	Provisional diagnosis/es	☐ Unable to return at the present time	Name of Medical Service Provider:
Right ()	1 10 visional diagnosis/es	☐ Rider able to return but chose not to	Name of Medical Service Frovider.
) - (☐ Referred for further assessment before	
		returning to activity	
/λ - 1\ /\ /\ /\	Mechanism of Injury		
(1) - (7) - (7) (8)	☐ High side		Form Completed By:
	☐ Low side		Form Completed By:
100 V M2 2M M2	☐ Impact		
	☐ Hit Wall / Barrier / Object		☐ Same as Previous Page
\frac{17\}^\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	☐ Overexertion (eg muscle tear)	Critical Incident?	
	□ Overuse	Offical melaciti	Or
	☐ Slip / Trip	☐ Yes ☐ No	
	☐ Temperature related eg. Heat stress		Name:
	011	If Yes, who is involved	
	Other	□ Police	Date:
	□ luman	Coroner	
Body part/s	☐ Jump	□ N/A (see Referral)	Role:
	☐ High Speed	LIVA (SEE NEIGHAI)	
	☐ Medium Speed		Signature:
	☐ Low Speed		
	Other		