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MEDICAL INJURY REPORT (MEDICAL OFFICIALS)

THIS FORM IS TO BE COMPLETED BY APPROPRIATE MEDICAL STAFF AT ANY MA OR SCB EVENT AND FORWARDED TO THE STEWARD AT THE CONCLUSION OF THE EVENT

Event: ______________________ Venue: ______________________

Date: ______________________ Time: ______________________

RIDER DETAILS:

Name: ______________________

Bike No.: ______________________ Class: ______________________

Address: ______________________

State: ______________________ Postcode: ______________________

D.O.B: ______________________ Allergies: ______________________

RESPONSE DETAILS:

FIV scrambled: Yes ❑ No ❑ Racing stopped: Yes ❑ No ❑

Racing modified: Yes ❑ No ❑ Assessed at scene: Yes ❑ No ❑

Assessed at Medical Centre: Yes ❑ No ❑ Ambulance required: Yes ❑ No ❑

Speed of impact: High ❑ Med ❑ Low ❑ No. of bikes involved: ______

Nature of incident: High Side ❑ Low Side ❑ Impact ❑

Loss of consciousness: Yes ❑ No ❑

Transfer to Medical Centre by: Walk in ❑ F.I.V ❑ Ambulance ❑ Other ❑

SUMMARY DETAILS:

Injury: Yes ❑ No ❑ Transferred to hospital: Yes ❑ No ❑

If so, by: Private ❑ Ambulance ❑ Helicopter ❑

GCS (Initial and reassessment)						
Time						
Eye opening spontaneous - 4						
Eye opening to voice - 3						
Eye opening to pain - 2						
No eye opening - 1						
Verbal response oriented - 5						
Verbal response confused - 4						
Verbal response inappropriate - 3						
Verbal response incomprehensible - 2						
No verbal response - 1						
Motor response obeys - 6						
Motor response localizes - 5						
Motor response withdraws - 4						
Motor response flexion - 3						
Motor response extension - 2						
No motor response - 1						
TOTAL SCORE						

Airway

Clear ❑ Compromised ❑

Management: O2 via mask % ______ OP airway ❑ NP airway ❑ Ventilated ❑

ETT tube ❑ Size: ______

CX Spine

Normal ❑ Suspected Injury ❑ Collar ❑ Spinal immobilization ❑

Breathing

Spontaneous ❑ Rate: SpO2 % ______

Chest

Normal Sounds ❑ Flail ❑ Pneumothorax ❑

Tension ❑ Haemothorax ❑

Circulation

B/P o/a ______ Haemorrhage ❑ External Site: ______

Internal ❑ Chest ❑ Adbo ❑ Pelvis ❑

IV Access

Site 1: ______ Size: ______

Site 2: ______ Size: ______

Patient Past History:

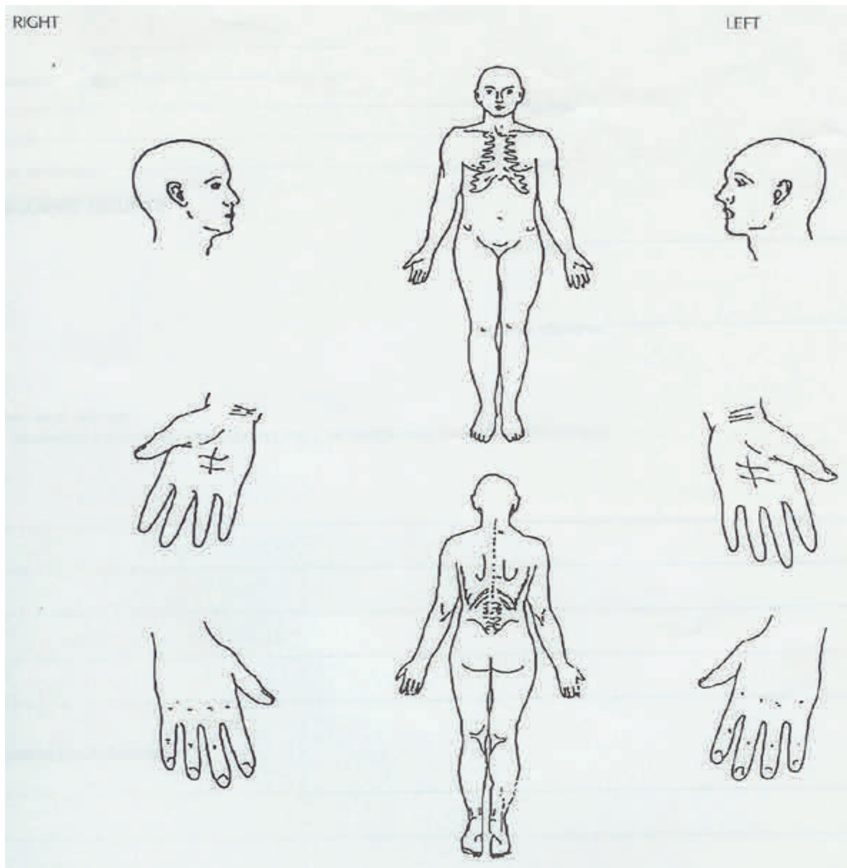
Previous / current medical conditions:

Medications:

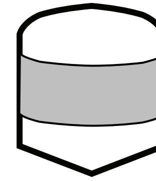
Upon Examinations:

Medical Process Notes:	
Date / Time	Progress Notes

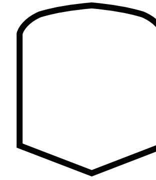
Please indicate injuries on pictures:



Helmet Damage ❑



Front



Rear

Helmet with rider ❑

Use these descriptions:			
P	Pain	T	Tenderness
STI	Soft Tissue Injury	#	Fracture
Lac	Laceration	H	Haemorrhage
PA	Partial Amputation	A	Amputation
B	Burn		

This form completed by:

Name:		Organisation:	
Position:			
Signature:		Date:	