Injury Report Form

The Steward of meeting is to email all injuries requiring a medical clearance to info@mqld.org.au and motorcycle@proclaim.com.au before 8am next business day.

In the event of a death please contact the local police, and SMS details to MQ General Manager– Kim Rowcliffe on 0488 112 120 immediately.

Date / /	Time

Event and Incident Details	
Event	
Permit No.	
Discipline	
Promoter	
Venue	

☐ Competitor	☐ Spectator
☐ Official	☐ Other
Class	Bike No #

Location / Turn #

Racing Stopped ☐ Yes ☐ No

Arrived at Medical Centre by
☐ Walk in ☐ FIV ☐ Ambulance ☐ Other

Injuries ☐ Yes ☐ No

Summary of Injuries

Medical Clearance Required ☐ Yes ☐ No

Referred to (name)

Transported to by
☐ Private Car ☐ Ambulance ☐ Helicopter

Notes:

PLEASE PROVIDE ANY PHOTOS/FILM FOOTAGE OF THE ACCIDENT AND OR ACCIDENT SITE.

PLEASE MARK ON THE TRACK PLAN THE LOCATION OF THE ACCIDENT.

Patient Details
Name
MA Licence Number
Date of Birth
Address
Phone Number
Emergency Contact person:
Medical Background (If known) Concurrent Illnesses and Previous Operations Tetanus UTD Y / N
Current Medication (If known)
Allergies (If known)

BP	Heart Rate
GCS	SpO2 %

Relevant Presentation / Examination / Treatment Detail

Witnesses who may be able to provide further info:
Name, contact details & position at the meeting

Form Completed By
Name
Organisation
Signature
Contact Number
Date / Time

To be Completed by Medical Service Provider (where applicable)
Please complete second page – MA Injury Reporting Form

DATE NAME INCIDENT FORM

INJURY REPORT FORM

Patients Name:

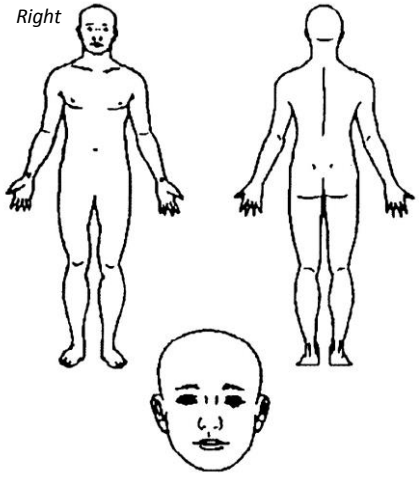
.....

Type of activity at time of injury
- ☐ practice
- ☐ competition
- ☐ recreational
- ☐ other .....

Reason for Presentation
- ☐ new injury
- ☐ exacerbated/aggravated injury
- ☐ recurrent injury
- ☐ illness
- ☐ other .....

Body Region Injured

Tick or circle body part/s injured & name



Body part/s

_____

_____

Nature of Injury/Illness
- ☐ abrasion/graze
- ☐ sprain e.g. ligament tear
- ☐ strain e.g. muscle tear
- ☐ open wound/laceration/cut
- ☐ bruise/contusion
- ☐ inflammation/swelling
- ☐ dislocation/subluxation
- ☐ overuse injury to muscle or tendon
- ☐ blisters
- ☐ fracture (including suspected) *
- ☐ concussion *
- ☐ cardiac problem *
- ☐ respiratory problem *
- ☐ loss of consciousness *
- ☐ unspecified medical condition
- ☐ other .....

*** Automatic Licence Suspension**

Provisional diagnosis/es

_____

Mechanism of Injury
- ☐ High side
- ☐ Low side
- ☐ Impact
- ☐ Hit Wall / Barrier / Object
- ☐ Overexertion (eg muscle tear)
- ☐ Overuse
- ☐ Slip / Trip
- ☐ Temperature related eg. Heat stress

Other .....

- ☐ Jump
- ☐ High Speed
- ☐ Medium Speed
- ☐ Low Speed

Other .....

Protective Equipment

Was protective equipment worn on the injured body part? ☐ yes ☐ no

If yes, what type eg helmet, neck brace.....

Initial Treatment
- ☐ none given (not required)
- ☐ RICER ☐ dressing
- ☐ taping only ☐ crutches
- ☐ sling, splint ☐ stretch/exercises
- ☐ CPR
- ☐ none given - referred elsewhere

other .....

Advice Given
- ☐ Immediate return, unrestricted activity
- ☐ Able to return with restriction
- ☐ Unable to return at the present time
- ☐ Rider able to return but chose not to
- ☐ Referred for further assessment before returning to activity

_____

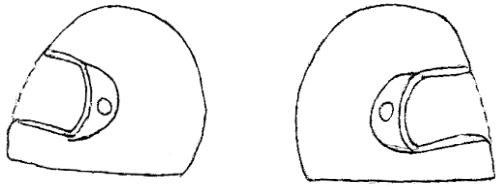
Critical Incident?

☐ Yes ☐ No

If Yes, who is involved
- ☐ Police
- ☐ Coroner
- ☐ N/A (see Referral)

_____

Marks / impacts to helmet



Referral
- ☐ no referral
- ☐ medical practitioner
- ☐ physiotherapist
- ☐ ambulance transport
- ☐ hospital (private car)
- ☐ helicopter
- ☐ other

.....

Provisional severity assessment
- ☐ mild (1-7 days modified activity)
- ☐ moderate (8-21 days modified activity)
- ☐ severe (>21 days modified or lost)

Treating person
- ☐ medical practitioner
- ☐ first aid provider
- ☐ other

.....

Name of Medical Service Provider:

_____

Form Completed By:

☐ Same as Previous Page

Or

Name: .....

Date: .....

Role: .....

Signature: .....