



INJURY REPORT

For all MINOR injuries

(For Major injuries ie Transported to Hospital please use Preliminary Major Incident Report Form)

Promoter Sheet.....of..... Meeting Name Venue/Date

.....
NAME OF INJURED Event/Time

Location

Summarise accident and injuries

- Cause of Injuries
- Hit track/guard
 - Hit wall/barrier/object
 - Struck by motorcycle
 - Other – specify please

- Nature of Injuries
- Head
 - Hands/arms R L
 - Feet/legs R L
 - Upper body
 - Lower Body
 - Other – specify please

- Action taken
- First Aid
 - Referred to doctor/hospital
 - Ambulance to hospital
 - Admitted to hospital– name?

Requires medical clearance prior to competing

Yes/No

.....
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Yes/No

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Clerk of Course's Signature

OR

.....
Steward's signature