

INJURY REPORT



CONFIDENTIAL

DATE LODGED	TIME LODGED	COMPETITION NUMBER

EVENT NAME			
EVENT DATE		PERMIT NUMBER	

NAME OF PERSON INVOLVED		DATE OF BIRTH	
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ADDRESS					
TOWN		STATE		P/CODE	
BH PHONE		MOBILE			
EMAIL					

INVOLVEMENT AT EVENT

Competitor – Driver

Competitor – Navigator

Pit Crew

Official

Spectator

Other _____

EVENT ACTIVITY DURING INCIDENT

Scrutiny

Reconnaissance

Prologue

Race

Other _____

PATIENT CIRCUMSTANCES POST INCIDENT

Hospital

Incident Site Care

Event Medical Centre

Off-Site Medical Centre

Fatality

MODE OF TRANSPORT TO HOSPITAL

Urgent

Non-Urgent

Nature and extent of injuries at time of examination _____

What, if any, treatment performed _____

Subsequent treatment recommended _____

RECOMMENDATION

Continue Competing

Hospital

Home to Rest

Own Doctor

Comments _____

Name of Own Doctor _____

Contact No _____

Other _____

MEDICAL OFFICER - NAME	SIGNATURE	DATE	PHONE
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