



## ON-SITE MEDICAL ASSESSEMENT

This form is designed to record at the initial assessment the extent of the injuries to any person at an event and if an injured competitor is fit to continue competition. It is to be completed by the **event medic** (paramedic, advanced paramedic, or medical officer) on site when an accident has occurred. If the injured person is non-compliant during medical exam, it must be reported to the clerk of the course.

**In cases of emergency, this on site medical assessment form can be completed retrospectively by the appropriate medic.**

A copy of this form must be given to the injured person and clerk of the course, with a copy forwarded immediately to MotorSport New Zealand

1. Person Details	2. Event Details
Driver / Co-Driver / Passenger / Other	Race / Rally / ClubSport / Historic
<b>Name</b> _____	<b>Date</b> _____
<b>Address</b> _____	<b>Permit #</b> _____
	<b>Organising Club</b> _____
<b>Contact No</b> _____	<b>Event Title</b> _____
<b>Date of Birth</b> _____	<b>Venue Locality</b> _____
<b>Competition Licence Details:</b>	<b>Examining Medic</b> _____
<b>Licence Number</b> _____	Paramedic / Advanced paramedic / Medical officer /
<b>Licence Grade</b> _____	First Aider / Nurse
<b>Expiry Date</b> _____	
<b>Treated at/by:</b> _____	
<b>Was the competitor wearing a head and neck restraint such as a HANS Device?    Yes / No</b>	
<b>3. Involvement in Accident</b>	
<b>Has the involved person -</b>	
Been involved in an accident-causing injury?	Y / N
Been involved in a high impact accident?	Y / N
Been involved in a roll over accident?	Y / N
Been involved in another accident of concern?	Y / N

- If the answer to any of the above is YES, complete the rest of the form.

- If the answer to ALL of the above is NO, a competitor is free to return to competition and further examination is not required – please complete declaration (section 7)

If Accident Report (AM001) has not been completed for this situation, please note below what happened:

#### 4. Examination

##### A) Head injury

- GCS ..... Y / N
- Headache Y / N
- Nausea and/or vomiting Y / N
- Feeling 'hazy, groggy or foggy' Y / N
- Difficulty concentrating Y / N
- Difficulty remembering things Y / N
- Difficulty with balance Y / N
- Feeling 'not right, or tired' Y / N
- Disorientation or reduced attention Y / N

##### B) Neck injury

- significant pain Y / N
- loss of movement in neck Y / N

##### C) Back injury

- significant pain Y / N
- loss of movement in back Y / N

##### D) Chest injury

- significant pain limiting mobility and/or respiration Y / N
- significant chest wall bruising Y / N

##### E) Abdominal injury

- significant pain and tenderness in abdomen Y / N

##### F) Limb injury

- fracture or significant limb derangement Y / N
- large hemarthrosis Y / N
- soft tissue injury resulting in loss of function to the affect limb likely to affect driving Y / N

##### G) Eye injury

- resulting in reduction in visual acuity in affected eye below 6/9 Y / N

##### H) Any other significant injury as determined by the examining medic

Y / N

##### I) Need for hospital examination?

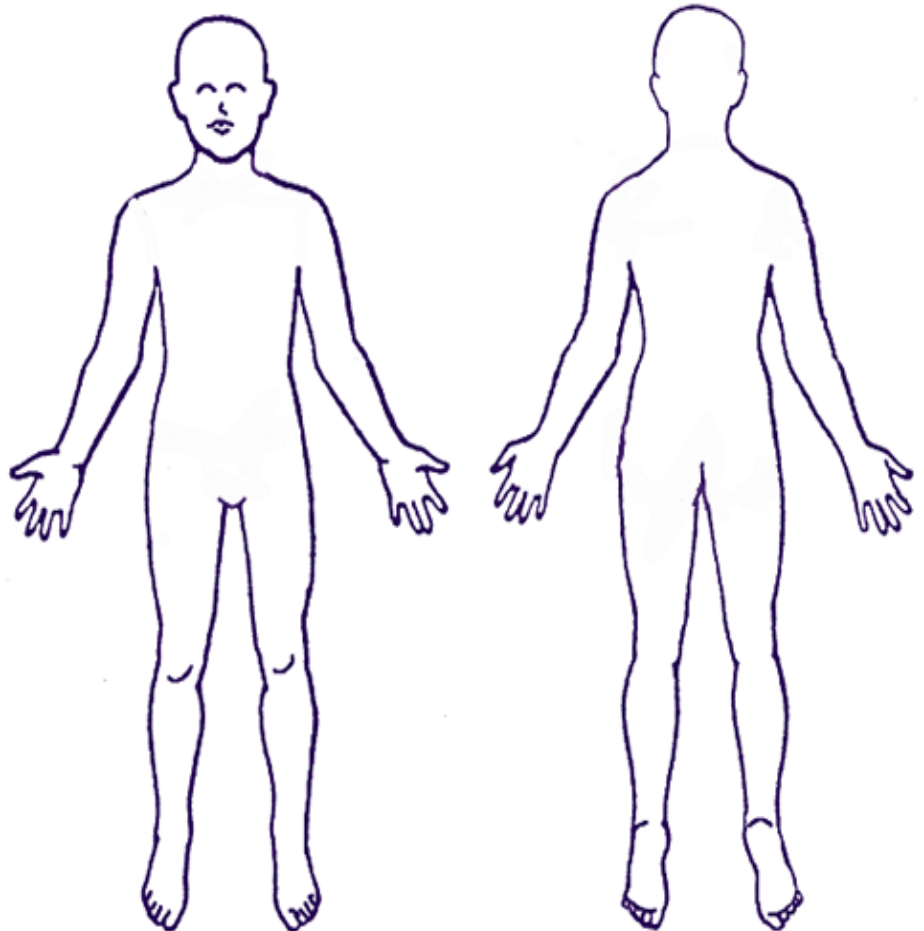
Y / N

If yes, name hospital to be transferred to:

.....  
 .....

Medic - use the diagram to show full extent of injuries using codes in box below:

<b>A</b>	Abrasion	<b>H</b>	Haemorrhage
<b>B</b>	Burns	<b>I</b>	IV site
<b>C</b>	Contusion	<b>L</b>	Laceration
<b>D</b>	Dislocation	<b>P</b>	Pain
<b>F</b>	Fracture	<b>S</b>	Swelling



**5. Notes to Medic**

If the answer to ALL questions in section 4 is NO – competitor is free to continue competition.

If the answer to ANY question in section 4 is YES – competitor is stood down from further competition and must have a registered medical practitioner complete and sign the *clearance to compete* form. A paramedic or advanced paramedic **cannot** complete this form.

**6. Notes to Competitor**

If the answer to ANY question in section 4 is YES, the competitor **MUST** surrender their competition licence to the Clerk of Course and they are stood down from further competition. A registered medical practitioner must complete and sign the *Medical Clearance to Compete* (AM002) form before competitor can have their licence returned and can resume competition.

If the competitor is non-compliant during the medical exam, it must be reported to the Clerk of the Course.

**7. Summary and Declaration**

**Competitor is stood down from competition?**

**Yes / No / For rest of event only.**

If the answer to the above is YES please ensure their competition licence is returned to MSNZ with this form.

Received Licence Card for stood down competitor: Signed: .....  
Clerk of the Course

Name: .....

**\*I hereby declare that the above information is true and correct\***

Signed: .....  
Event medic

Signed: .....  
Injured person (if able)

Name: .....

Name: .....

**\* In all cases the MotorSport New Zealand Medical Assessor has the final determination over a competitor's fitness to compete \***