



## 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 / Critical Care Paramedic / Medical officer /
<b>Licence Grade</b> _____	Emergency Medical Technician (EMT) / 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?</b> Yes / No	
3. Involvement in Accident	
<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 any another accident or medical event of concern?	Y / N

- If the answer to any of the above is YES, complete the rest of the form and ensure that the competitor is in possession of a Medical Clearance to Compete 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

If YES to any of the above, then the On-Site Concussion Screening Form (AM002A) must be completed.

##### 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

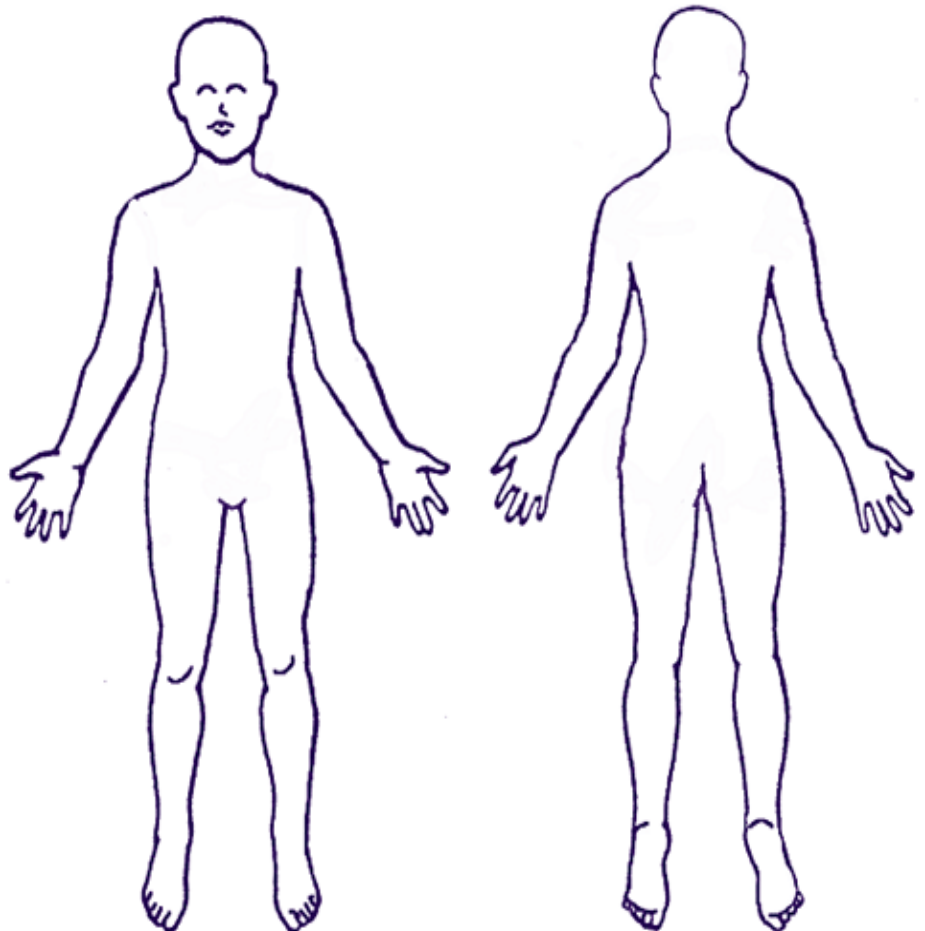
I) Need for hospital examination? Y / N

If yes, name hospital to be transferred to:

.....  
 .....

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

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



**5. Notes to Medic**

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

If the answer to ANY question in section 4 – Examination - is YES – competitor is stood down from further competition and must have a registered Medical Practitioner or Nurse Practitioner, with the appropriate scope of practice, 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 – Examination - 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* (AM003) 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 Outcomes**

**Medic to complete – is the Competitor stood down from competition?**

**Yes / No**

If the answer to the above is YES, please ensure their competition licence is returned to MSNZ with this form. *Where the competitor only has a digital licence, and on receipt of the completed On-Site Medical Assessment form, with the standdown noted, the MotorSport NZ head office will update MSOL with the licence status.*

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

Signed: ..... Name: ..... Date: .....

Event medic

**DECLARATION TO BE SIGNED BY THE COMPETITOR (IF ABLE)**

I hereby declare that I have responded truthfully and accurately to all questions asked of me by the Event Medical and/or Event Official in connection with the completion of this form. I understand that my personal information will be held by MotorSport New Zealand and will be disclosed to the Medical provider for assessment and if required treatment purposes. This information will be used for the purpose of assisting MotorSport New Zealand’s compliance with health and safety requirements. Where I have been stood down from competition, I understand the requirement to obtain, complete, and return to MotorSport New Zealand, a Medical Clearance to Compete (AM003) before I am able to resume competition.

Signed: ..... Name: ..... Date: .....

**FOR THE CLERK OF THE COURSE**

Received Licence Card. *Where the competitor only has a digital licence, and on receipt of the completed On-Site Medical Assessment form, with the standdown noted, the MotorSport NZ head office will update MSOL with the licence status.*

Signed: ..... Name: ..... Date: .....

Clerk of the Course

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