Injury Report Form

Steward to email all injuries requiring hospitalisation to Proclaim motorcycle@proclaim.com.au and to MA legal@ma.org.au before 8am next business day.

In the event of a death please contact the local police, and SMS details to Peter Doyle on 0439 994 954 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

Form Completed By

Name

Organisation

Signature

Contact Number

Date / Time

Patient Details

Name

MA Licence Number

Date of Birth

Address

Phone Number

Emergency Contact person:

Medical Background
Concurrent Illnesses and Previous Operations

Tetanus UTD Y / N

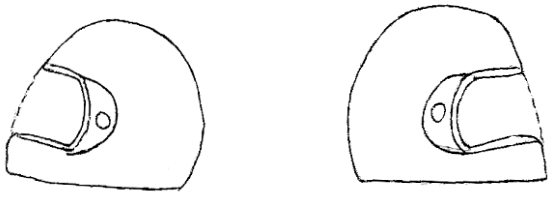
Current Medication

Allergies

BP	Heart Rate
GCS	SpO2 %

Relevant Presentation / Examination / Treatment Detail

Marks / impacts to helmet



DATE

NAME

INCIDENT FORM

INJURY REPORT FORM

Patients Name:

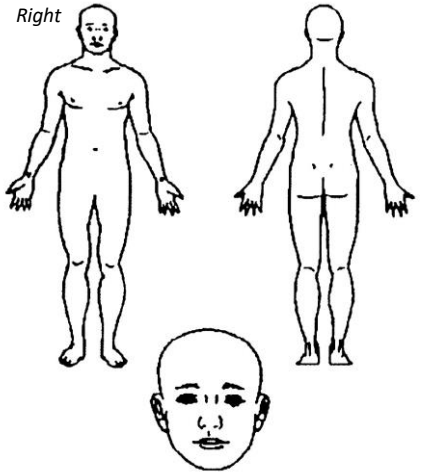
.....

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)

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: .....