Injury Report Form

Steward to SMS all injuries requiring a medical clearance to 0400 476 686 before 8am next business day.

In the event of a death please contact the local police, and SMS details to either MWA CEO Colin Cameron 0417 509 906 or Justin Herold 0484 000 559 immediately

Event and Incident Details (Include below details in email)	
Date / /	Time
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 ....

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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 details:	

Medical Background
Concurrent Illnesses and Previous Operations

Tetanus UTD Yes ☐ / No ☐

Current Medication

Allergies

BP	Heart Rate
GCS	SpO2 %

Relevant Presentation / Examination / Treatment Detail

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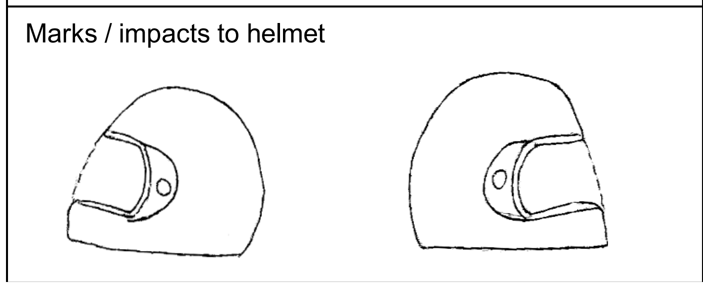
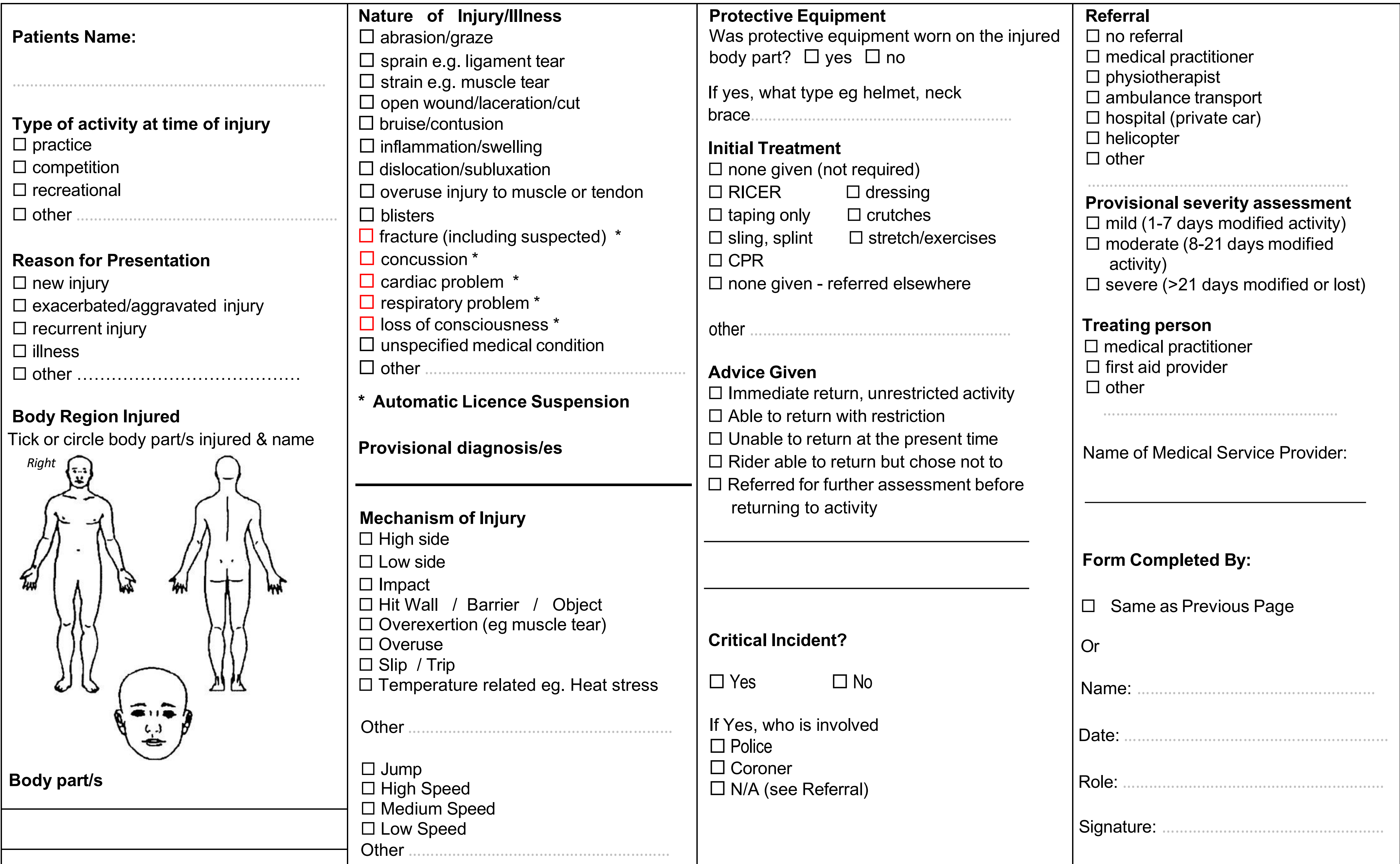
Marks / impacts to helmet



To be Completed by Medical Service Provider
Please complete second page – MA Injury Reporting Form

DATE NAME INCIDENT FORM

INJURY REPORT FORM



Patients Name:

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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

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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

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Name of Medical Service Provider:

Form Completed By:

☐ Same as Previous Page

Or

Name: ....

Date: ....

Role: ....

Signature: ....