MA INJURY REPORT FORM

MOTORCYCLING AUSTRALIA

Name of patient: _____ DOB: __/___/___ Date of Injury: __/__/__ Time: _____:_____am/pm

Sex: Male ☐ Female ☐ Discipline: _____ The injured person is a: Rider ❒ Official ❒ Coach ❒ Spectator ❒ Other ❒

Patient Address: _____Postcode:_____ Phone: _____

Event:_____ Venue:_____ Bike No: _____ Turn Location: _____

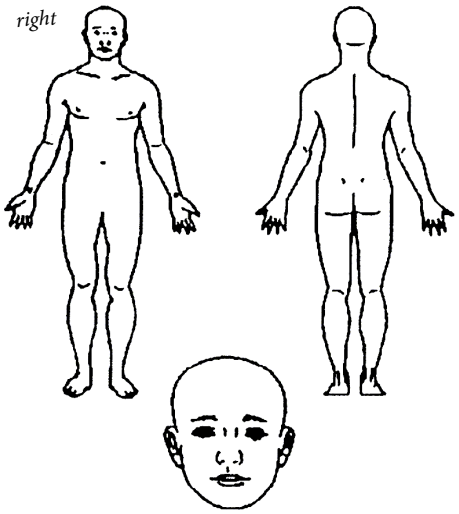
Type of activity at time of injury
- ☐ pratice
- ☐ competition
- ☐ other _____

Reason for Presentation
- ☐ new injury
- ☐ exacerbated/aggravated injury
- ☐ recurrent injury
- ☐ illness
- ☐ other _____

Arrived at medical centre by:

❒ Walk in ❒ FIV ❒ Ambulance
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
- ☐ fracture (including suspected)
- ☐ dislocation/subluxation
- ☐ overuse injury to muscle or tendon
- ☐ blisters
- ☐ concussion
- ☐ cardiac problem
- ☐ respiratory problem
- ☐ loss of consciousness
- ☐ unspecified medical condition
- ☐ other _____

Provisional diagnosis/es

_____

Mechanism of Injury
- ☐ high side / low side *(circle)*
- ☐ hit wall / barrier / object *(circle)*
- ☐ impact
- ☐ overexertion (e.g. muscle tear)
- ☐ overuse
- ☐ slip/trip
- ☐ temperature related e.g heat stress

Other _____

- ☐ jump
- ☐ high speed
- ☐ medium speed
- ☐ low speed

other _____

Explain exactly how the incident occurred:

_____
_____
_____

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
- ☐ sling, splint ☐ crutches
- ☐ CPR ☐ stretch/exercises
- ☐ taping only
- ☐ none given - referred elsewhere
- ☐ other _____

Advice Given
- ☐ Immediate return, unrestricted activity
- ☐ Able to return with restriction
- ☐ Unable to return at the present time
- ☐ Able to return but the rider 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 to Referral)

Referral
- ☐ no referral
- ☐ medical practitioner
- ☐ physiotherapist
- ☐ ambulance transport
- ☐ hospital (private car)
- ☐ helecopter

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 _____

Medical Clearance Required
❒ Yes ❒ No

Treating Persons Name: ***(please print)***

Organisation:

Contact no.:

Signature _____

Comments *(continue over page if needed)*

Include in Stewards Forms