Motorcycling Australia
PO Box 134
South Melbourne, VIC, 3205
t: (+61-3) 9684 0500 f: (+61-3) 9684 0555
mail@ma.org.au www.ma.org.au

# MEDICAL INJURY REPORT (MEDICAL OFFICIALS)

**THIS FORM IS TO BE COMPLETED BY APPROPRIATE MEDICAL STAFF AT ANY MA OR SCB EVENT AND FORWARDED TO THE STEWARD AT THE CONCLUSION OF THE EVENT**

Event: ______________________ Venue: ______________________

Date: ______________________ Time: ______________________

**RIDER DETAILS:**

Name: ______________________

Bike No.: ______________________ Class: ______________________

Address: ______________________

State: ______________________ Postcode: ______________________

D.O.B: ______________________ Allergies: ______________________

**RESPONSE DETAILS:**

FIV scrambled: Yes ❑ No ❑ Racing stopped: Yes ❑ No ❑

Racing modified: Yes ❑ No ❑ Assessed at scene: Yes ❑ No ❑

Assessed at Medical Centre: Yes ❑ No ❑ Ambulance required: Yes ❑ No ❑

Speed of impact: High ❑ Med ❑ Low ❑ No. of bikes involved: ______

Nature of incident: High Side ❑ Low Side ❑ Impact ❑

Loss of consciousness: Yes ❑ No ❑

Transfer to Medical Centre by: Walk in ❑ F.I.V ❑ Ambulance ❑ Other ❑

**SUMMARY DETAILS:**

Injury: Yes ❑ No ❑ Transferred to hospital: Yes ❑ No ❑

If so, by: Private ❑ Ambulance ❑ Helicopter ❑

| GCS (Initial and reassessment) | | | | | | |
|---|---|---|---|---|---|---|
| Time | | | | | | |
| **Eye opening** spontaneous - 4 | | | | | | |
| Eye opening to voice - 3 | | | | | | |
| Eye opening to pain - 2 | | | | | | |
| No eye opening - 1 | | | | | | |
| **Verbal response** oriented - 5 | | | | | | |
| Verbal response confused - 4 | | | | | | |
| Verbal response inappropriate - 3 | | | | | | |
| Verbal response incomprehensible - 2 | | | | | | |
| No verbal response - 1 | | | | | | |
| **Motor response** obeys - 6 | | | | | | |
| Motor response localizes - 5 | | | | | | |
| Motor response withdraws - 4 | | | | | | |
| Motor response flexion - 3 | | | | | | |
| Motor response extension - 2 | | | | | | |
| No motor response - 1 | | | | | | |
| **TOTAL SCORE** | | | | | | |

**Airway**

Clear ❑ Compromised ❑

Management: O2 via mask % ______ OP airway ❑ NP airway ❑ Ventilated ❑

ETT tube ❑ Size: ______

**CX Spine**

Normal ❑ Suspected Injury ❑ Collar ❑ Spinal immobilization ❑

**Breathing**

Spontaneous ❑ Rate: ______ SpO2 % ______

**Chest**

Normal Sounds ❑ Flail ❑ Pneumothorax ❑

Tension ❑ Haemothorax ❑

**Circulation**

B/P o/a ______ Haemorrhage ❑ External Site: ______

Internal ❑ Chest ❑ Adbo ❑ Pelvis ❑

**IV Access**

Site 1: ______ Size: ______

Site 2: ______ Size: ______

**Patient Past History:**

**Previous / current medical conditions:** ______________________________

**Medications:** ______________________________

______________________________

**Upon Examinations:** ______________________________

______________________________

______________________________

______________________________

______________________________

______________________________

| Medical Process Notes: | |
|---|---|
| Date / Time | Progress Notes |
| | |
| | |
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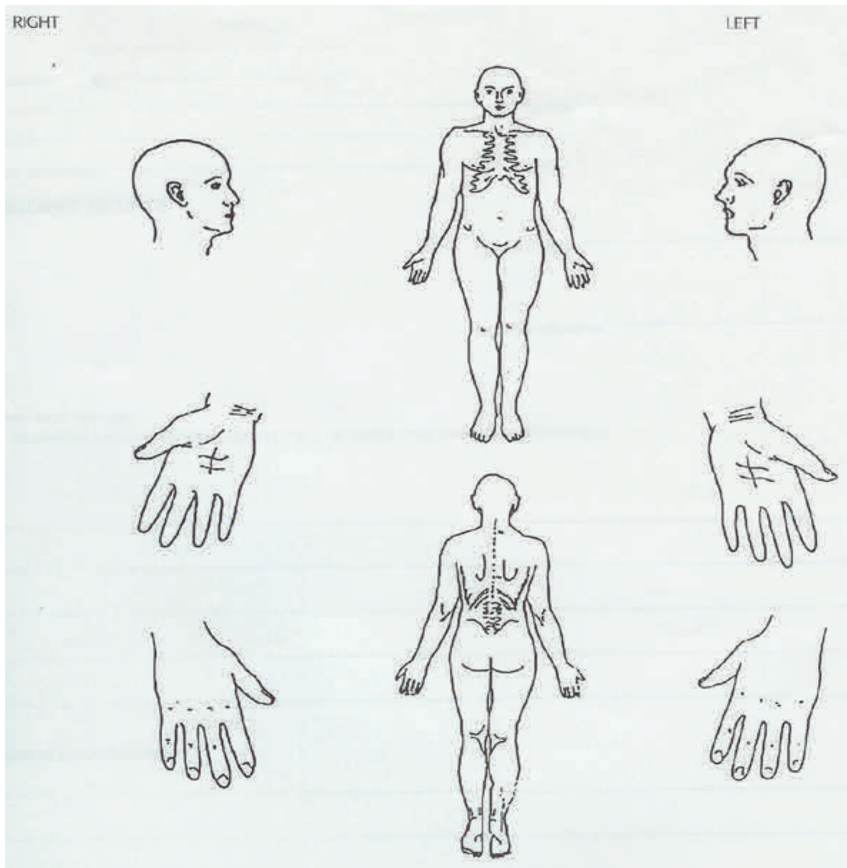
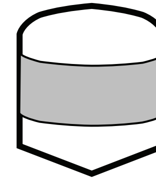
| | |

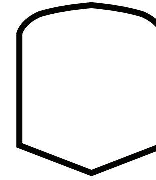
**Please indicate injuries on pictures:**




Helmet Damage ❑



Front



Rear

Helmet with rider ❑

| Use these descriptions: | | | |
|---|---|---|---|
| P | Pain | T | Tenderness |
| STI | Soft Tissue Injury | # | Fracture |
| Lac | Laceration | H | Haemorrhage |
| PA | Partial Amputation | A | Amputation |
| B | Burn | | |

This form completed by:

| | | | |
|---|---|---|---|
| Name: | | Organisation: | |
| Position: | | | |
| Signature: | | Date: | |