



Memorandum

TO : ALL CLUBS / PRIVATE PROMOTERS / SCHOOLS / SEMINAR PRESENTERS

FROM : ADMINISTRATION

DATE : 17TH JULY 2007

SUBJECT : INJURY REPORTS

We have had a number of incidents where people who have been injured in some form or another at a race meeting and have been sent to a medical service/doctor/hospital, are not aware they require a Medical Clearance/Certificate from that service (or their own Medical Practitioner) before they can resume motorcycle racing/riding.

To clarify the "Nature of Injuries" section on the attached Injury Report form - if an Injury Report states it is RECOMMENDED to see a doctor/hospital, then that person is at liberty to either see a doctor or go to a hospital – the decision is theirs, **BUT** if they are REFERRED to a doctor/hospital, or are taken to a doctor/hospital/medical facility by ambulance or private conveyance, then that person MUST obtain a Medical Clearance/Certificate once they have fully recovered from their injury and fit to resume their sport.

If the Injury Report states that the person concerned has been sent to a doctor/hospital, then they are sent a letter from MNSW re the injury and put on the Suspended Riders List until a Medical Clearance/Certificate is received. Once MNSW receives the Medical Clearance/Certificate, they are removed from the Suspended Riders list.

The Medical Clearance/Certificate must state **THEY ARE FIT TO RACE/RIDE A MOTORCYCLE**. They need to forward a **COPY** of the Medical Clearance/Certificate to the office and **KEEP A COPY FOR THEMSELVES** to take to their next meeting.

They can fax the clearance to the MNSW Office on 02 9635 5277 or post a copy to PO Box 9172, Harris Park NSW 2150.

PERSONS COMPLETING INJURY REPORTS – Please make sure you have the injured persons correct Licence Number and include their address – especially if they are riding on a One Day Licence.

We request that you notify your club members, officials and if possible, your first aid providers what is required of them in case of an injury/accident and make sure those personnel responsible have the (attached) updated Injury Report Form which can also be downloaded from our website.

We hope this information clarifies and assists you with injury reports, and if you have any questions please don't hesitate to contact the office.



MOTORCYCLING NSW LIMITED

ACN 096 875 526 ABN 20 096 875 526

INJURY REPORT – COMPLETE ALL SECTIONS

IMPORTANT INFORMATION:

THIS FORM MUST BE COMPLETED FOR ANY INJURY REQUIRING TREATMENT BY FIRST AID, AMBULANCE OR MEDICAL PERSONNEL. THE CLERK OF THE COURSE IS RESPONSIBLE FOR ITS COMPLETION AND THE STEWARD MUST COUNTERSIGN. IF THE INJURY IS SERIOUS AND THE PATIENT IS TRANSPORTED TO A HOSPITAL/MEDICAL FACILITY BY AMBULANCE/HELICOPTER OR ANY OTHER MEANS, THE REPORT MUST BE RETURNED TO THE MNSW OFFICE THE NEXT WORKING DAY AFTER THE EVENT OTHERWISE IT MUST BE RETURNED TO THE OFFICE WITH RELEVANT MEETING INFORMATION/PAPERWORK WITHIN FIVE (5) WORKING DAYS FROM THE DATE OF THE EVENT.

PLEASE TICK RELEVANT BOXES

- | | | | |
|----------------------------------------|-----------------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> International | <input type="checkbox"/> Motocross/Supercross | <input type="checkbox"/> Trials | <input type="checkbox"/> Minikhana |
| <input type="checkbox"/> National | <input type="checkbox"/> Enduro/Cross Country | <input type="checkbox"/> Speedway | <input type="checkbox"/> Minicross |
| <input type="checkbox"/> Interclub | <input type="checkbox"/> Road Race | <input type="checkbox"/> Dirt Track | <input type="checkbox"/> Mini Enduro |
| <input type="checkbox"/> Club | <input type="checkbox"/> Historic Road Race | <input type="checkbox"/> Hill Climb | <input type="checkbox"/> Other |

ORGANISER/PROMOTER: _____

MEETING NAME: _____

VENUE: _____

PERMIT NO: _____

DATE: _____

SHEET: _____

OF: _____

TIME OF ACCIDENT: _____

EVENT CLASS: _____

PLEASE INDICATE WHETHER RIDER IS: SENIOR JUNIOR AGE IF JUNIOR: _____

FULL NAME OF INJURED: _____

INJURED'S LICENCE NO: _____

ADDRESS: _____

P/CODE: _____

SUMMARISE ACCIDENT AND INJURIES SUSTAINED:

CAUSE OF INJURIES

- HIT TRACK/GUARD
- HIT WALL/BARRIER/OBJECT
- STRUCK BY OWN/OTHER MOTORCYCLE
- OTHER – SPECIFY PLEASE: _____

NATURE OF INJURIES

- HEAD
- HAND WRIST R L
- ARM SHOULDER R L
- FOOT LEG ANKLE R L
- UPPER BODY
- LOWER BODY
- OTHER (SPECIFY) _____

LOCATION OF ACCIDENT :

DRAW DIAGRAM INDICATING APPROXIMATELY WHERE ACCIDENT TOOK PLACE AND NEAREST TURN NO: _____

TRACK DIAGRAM

ACTION TAKEN

- GIVEN 1ST AID
- REFERRED TO DOCTOR
- HOSPITAL TREATMENT RECOMMENDED
- AMBULANCE TRANSPORT REFUSED
- AMBULANCE TO HOSPITAL

NAME OF HOSPITAL _____

CLERK OF THE COURSE: (PRINT) _____

SIGNATURE: _____

STEWARD: (PRINT) _____

SIGNATURE: _____

IT IS MOST IMPORTANT THAT ALL SECTIONS OF THIS REPORT IS COMPLETED