MOTORSPORT UK MEDICAL STATISTICS FORM

Organising Club: _____ Type of Event: _____ Venue: _____ Date: _____

Information supplied on this form will be processed in accordance with the Motorsport UK Privacy Policy which can be found at www.motorsportuk.org/Data-Protection. Officials completing this form should be aware that the contents should not be shared outside of the Steward's event submission process.

The data collected by means of this form is used purely for reasons of risk and management to identify any trends in motor sport related injury. Collection of this date does not infringe any confidentiality of privacy restrictions

Please list the following details of anyone who reports for medical attention during the meeting (please use BLOCK CAPITALS):

STATUS CODE KEY: Competitor = **C** | Official = **O** | Spectator = **S** | Team Member = **T** | Unclassified = **U**
INJURY CODE KEY: No treatment = **1** | Minor treatment = **2** | Refer to own Doctor = **3** | Major treatment (hospitalisation) = **4**

Name	Licence N°	Status Code	Injury								Treated By	Time
			Head	Neck	Spinal	Upper Torso	Arm / Hand	Lower Torso	Leg / Foot	Medical Condition		

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Signed: _____ **Position held by Signatory:** _____ **Date:** _____

This form must be returned to the Motorsport UK Steward before the end of the event.

If no entries are made on this form it must still be completed and returned to the Motorsport UK Steward.