



MEDICAL STATISTICS

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

(To be completed in BLOCK CAPITALS)

Organising Club Date

Type of Event Venue

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

STATUS CODE: Insert appropriate code letter from following: Competitor = "C", Official = "O", Spectator = "S", Team Member = "T", Unclassified = "U"

INJURY: Insert appropriate code letter from following: No treatment = "1", Minor treatment = "2", Refer to own Doctor = "3", Major treatment (hospitalisation) = "4"

NAME	LICENCE NO.	STATUS CODE	INJURY								TREATED BY	TIME
			Head	Neck	Spinal	Upper Torso	Arm/ Hand	Lower Torso	Leg/ Foot	Medical Condition		

NAME	LICENCE NO.	STATUS CODE	INJURY								TREATED BY	TIME
			Head	Neck	Spinal	Upper Torso	Arm/ Hand	Lower Torso	Leg/ Foot	Medical Condition		

Signed: Position held by Signatory: Date:

*This form must be returned to the MSA Steward before the end of the event.
If no entries are made on this form it must still be completed and returned to the MSA Steward.*