Motorsport UK Medical Statistics Form

Organising Club: _____ Date: _____ Venue: _____

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 motorsport related injury. Collection of this data does not infringe any confidentiality of privacy restrictions. **Patient Report Forms for any Competitors are to be sent directly to Motorsport UK's Medical Team via medicalreport@motorsportuk.org**

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**

FIT TO RACE: was the Competitor declared fit to continue at the event?

Full Name	Motorsport UK Licence Number	Date of Birth (DD/MM/YY)	Status Code	Concussion (Y/N)	Loss of consciousness (Y/N)	Discharged (please tick applicable option)			If sent to hospital, please confirm the method of transport	Fit to Race (Y/N)	Treated By	Time
						No treatment	Minor treatment	Sent to hospital				
(EXAMPLE) JOE BLOGGS	*123456*	*01/10/89*	*C*	*N*	*N*			✓	*AMBULANCE*	*Y*	*DR. JANE DOE*	*14:05*

Signed: **Name:** **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 be completed as 'Nil', signed, and returned to the Motorsport UK Steward.

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						No treatment	Minor treatment	Sent to hospital				

Signed: Name: Position held by Signatory: Date:

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If no entries are recorded on the additional table, it does not need to be returned to the Motorsport UK Steward.