**RIDER ILLNESS OR INJURY ASSESSMENT**

M3: Nov 17



**AMBULANCE STAFF OR COURSE DOCTOR TO COMPLETE THIS SECTION**

*(****Note:*** *If an Ambulance staff member or Doctor is not available, this part of the form is to filled out by the* ***most qualified individual –*** *employer, RIU Staff, NZTR Staff or Racing Club Staff)*

RIDER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of injury or illness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location the Injury took place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INJURY OR ILLNESS DETAILS**

Was the rider was involved in a fall? YES / NO

Please describe any injuries \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Riders who lose consciousness, or appear disoriented or confused after a fall, OR have other injuries that stop them riding must be stood down and removed from the course for further assessment before going through NZTR clearance protocols.
* Any other rider involved in a fall may resume riding the same day if they pass a Maddocks questionnaire. Results must be sent to NZTR

**IF A FALL IS NOT INVOLVED**, please describe what was wrong with the rider (e.g., fever, dehydration)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_**

**ASSESSED BY: AMBULANCE OFFICER: *- Surname*** / ***Number* OR DOCTOR: *Surname*** /  ***NZMC Number***

**OR OTHER: *Name and job description***

Please give a copy to the rider and send copy to NZTR via **Fax:** 04 568 8866 OR **Email:**  katie.chapman@nzracing.co.nz

**RIDER CONSENT:** Specific rider consent is not required for you to complete this section prior and forwarding it to NZTR, because as part of their annual re-licensing process, riders consent to allow their health information to be shared with NZTR.

**NZ REGISTERED PRACTIONER TO COMPLETE WHEN ASSESSING FOR FITNESS TO RESUME RIDING**

|  |  |  |
| --- | --- | --- |
| **Brief description of injury or illness**  *(e.g., influenza, or fractured wrist)* | ***Right/ left***  ***(if appropriate)*** | ***Do you consider that the illness or injury has resolved sufficiently for them to resume riding?*** |
|  | Right / Left / N.A | YES / NO |
|  | Right / Left / N.A | YES / NO |
|  | Right / Left / N.A | YES / NO |
|  | Right / Left / N.A | YES / NO |

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Doctor Name:** \_\_\_\_\_\_\_ **Stamp:**

**Doctor Signature:** **Date:** \_\_\_\_\_\_\_\_\_\_\_\_

I would like to discuss with the NZTR Medical Advisor **YES / NO**

Please send to NZTR via **Fax:** 04 568 8866 OR **Email:**  [katie.chapman@nzracing.co.nz](mailto:katie.chapman@nzracing.co.nz)