



Email: [redacted]  
Website: www.oranz.co.nz

# On Site Medical Assessment Form

## Initial Assessment of Persons at Accident Scene

This form is designed to record at the initial assessment the extent of the injuries to any person at an event and if an injured competitor is fit to continue competition. It is to be completed by the **event medic** (paramedic, intensive care paramedic, or medical officer) on site when an accident has occurred. If the injured person is non-compliant during medical exam, it must be reported to the clerk of the course.  
**In cases of emergency, this on site medical assessment form can be completed retrospectively by the appropriate medic**

1. Details of Involved Person	2. Event Details
<p><b>Involved Person:</b> Competitor / Event Official / Public</p> <p><b>Name:</b> .....</p> <p><b>Address:</b> .....</p> <p>.....</p> <p>.....</p> <p><b>Competition licence number:</b> ..... <small>If applicable</small></p> <p><b>Car number:</b> ..... <small>If applicable</small></p> <p><b>Notes:</b> .....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><b>Was the competitor wearing a head/neck restraint?</b></p> <p>.....</p>	<p><b>Date:</b> .....</p> <p><b>Permit Number:</b> .....</p> <p><b>Organising Club:</b> .....</p> <p><b>Event Title:</b> .....</p> <p><b>Please circle:</b></p> <p>Short Course / Enduro</p> <p><b>Accident Locality:</b> .....</p> <p><b>Examination location:</b> .....</p> <p><b>Examination time:</b> ..... am / pm</p> <p><b>Name of examining medic:</b> .....</p> <p><b>Please circle:</b></p> <p>Paramedic / Intensive Care Paramedic / Medical officer / First Aider / Nurse</p>

3. Involvement in Accident									
<p><b>Has the involved person -</b></p> <table border="0"><tr><td data-bbox="71 1635 702 1668">Been involved in an accident causing injury?</td><td data-bbox="726 1635 805 1668">Y / N</td></tr><tr><td data-bbox="71 1691 702 1724">Been involved in a high impact accident?</td><td data-bbox="726 1691 805 1724">Y / N</td></tr><tr><td data-bbox="71 1747 702 1780">Been involved in a roll over accident?</td><td data-bbox="726 1747 805 1780">Y / N</td></tr><tr><td data-bbox="71 1803 702 1836">Been involved in another accident of concern?</td><td data-bbox="726 1803 805 1836">Y / N</td></tr></table> <p>- If the answer to any of the above is YES, complete the rest of the form. - If the answer to ALL of the above is NO, a competitor is free to return to competition and further examination is not required – please complete declaration (section 8)</p>		Been involved in an accident causing injury?	Y / N	Been involved in a high impact accident?	Y / N	Been involved in a roll over accident?	Y / N	Been involved in another accident of concern?	Y / N
Been involved in an accident causing injury?	Y / N								
Been involved in a high impact accident?	Y / N								
Been involved in a roll over accident?	Y / N								
Been involved in another accident of concern?	Y / N								

RESTRICTED CIRCULATION

#### 4. Examination

##### A) Head injury

- GCS ..... Y / N
- Minor head injury *with* loss of consciousness Y / N
- Minor head injury *without* loss of consciousness Y / N
- Moderate head injury (GCS 9-12) Y / N
- Major head injury (GCS <9) Y / N
- Fracture of skull, intercerebral haemorrhage, dural tear, >24 hours post trauma amnesia

##### B) Neck injury

- significant pain Y / N
- loss of movement in neck Y / N

##### C) Back injury

- significant pain Y / N
- loss of movement in back Y / N

##### D) Chest injury

- significant pain limiting mobility and/or respiration Y / N
- significant chest wall bruising Y / N

##### E) Abdominal injury

- significant pain and tenderness in abdomen Y / N

##### F) Limb injury

- fracture or significant limb derangement Y / N
- large haemarthrosis Y / N
- soft tissue injury resulting in loss of function to the affect limb likely to affect driving Y / N

##### G) Eye injury

- resulting in reduction in visual acuity in affected eye below 6/9 Y / N

##### H) Any other significant injury as determined by the examining medic

Y / N

##### I) Need for hospital examination?

Y / N

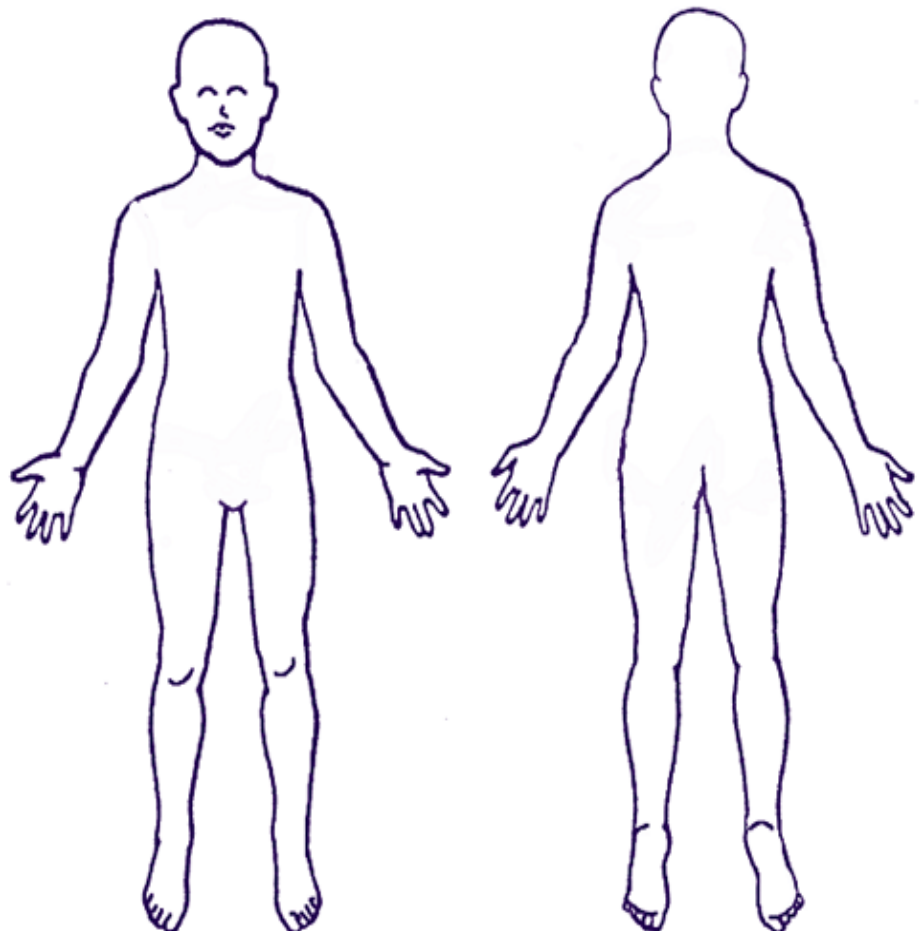
**If yes, name hospital to be transferred to:**

.....  
 .....

#### 5. Diagram of Injuries

**Medic - use the diagram to show full extent of injuries using codes in box below:**

<b>A</b>	Abrasion	<b>H</b>	Haemorrhage
<b>B</b>	Burns	<b>I</b>	IV site
<b>C</b>	Contusion	<b>L</b>	Laceration
<b>D</b>	Dislocation	<b>P</b>	Pain
<b>F</b>	Fracture	<b>S</b>	Swelling



**RESTRICTED CIRCULATION**

**6. Notes to Medic**

**If the answer to ALL questions in 4 A – I is NO** – competitor is free to continue competition

**If the answer to ANY question in 4 A – I is YES** – it is recommended the competitor is stood down from further competition.  
The competitor must report to the clerk of the course with their paperwork.

**7. Notes to Competitor**

**If the answer to ANY question in 4 A – I is YES it has been recommended that you be stood down from competition and you MUST report to the Clerk of Course with your paperwork.**

**If the competitor wishes to return to competition despite the recommendation of the assessor this MUST be discussed with the Clerk of the Course.**

**In instances where a serious injury has occurred requiring hospital treatment the decision to stand the competitor down from competition will be final.**

**If instances where the competitor returns to competition after a moderate injury the competitor understands that they are doing so at their own risk and agree to keep indemnified Offroad Association of New Zealand and the organising club. A waiver must be signed declaring the competitor's fitness to compete.**

**If the competitor is non-compliant during the medical exam, it must be reported to the Clerk of the Course**

**8. Summary and Declaration**

**Competitor is stood down from competition?**

**Yes / No**

**\*I hereby declare that the above information is true and correct\***

**Signed:** .....  
Event medic

**Signed:** .....  
Injured person (if able)

**Name:** .....

**Name:** .....

**RESTRICTED CIRCULATION**