

BRAIN INJURY ASSESSMENT

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 be filled out by the **most qualified individual** - employer, RIU Staff, NZTR Staff or Racing Club Staff)

I have assessed this rider, and believe they should stop riding because of a possible brain injury. Before they resume riding, the rider will need to take a copy of this form to a doctor who will complete the assessment (below), followed by a psychometric assessment (administered by NZTR).

RIDER'S NAME: _____ DOB: _____

Date of injury: _____ Location the Injury took place: _____

AMBULANCE OFFICER: Surname / number

COURSE DOCTOR: Surname / NZMC# (OR) OTHER: Name and Job description

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 MEDICAL PRACTITIONER TO COMPLETE WHEN ASSESSING FOR FITNESS TO RESUME RIDING

Symptoms - are there any persistent related symptoms, such as		Yes	No
	• unusual headaches, including with exertion?		
	• recurrent nausea		
	• unusual fatigue		
	• disturbed sleep pattern		
	• problems with cognition (such as calculating figures)		
	• problems with memory (recall)		
	• increasing irritability, anxiety or depression which have persisted since the injury?		
	• change in personality (what would your partner or boss say?)		
ASSESSMENT		Yes	No
Symptoms	Have symptoms resolved completely? (If you answered "NO" to all above questions)		
Balance	Is balance within normal limits? (Test with rider standing on non-dominant leg with eyes closed for 10 seconds - rider should be able to manage this without needing support of any sort).		
Mood	Are you happy that there are no signs of increased irritability, anxiety or depression?		
Cognition	Can rider calculate OK? (Test by using 100-7, take off 7 again etc, to 65).		
Personality	Do you consider the rider's behaviour and personality are more or less the same as before the accident?		
SUMMARY	I am satisfied that there are no other health issues that may impact on their ability to resume riding. (If there are, please not below.....)		

Notes: _____

Doctor Name: _____

Stamp:

Doctor Signature: _____ Date: _____

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

Please send to NZTR via either: Fax: 04 568 8866 OR Email: licensing@nztr.co.nz