

RIDER ILLNESS OR 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)

RIDER'S NAME: _____ DOB: _____

DATE OF INJURY OR ILLNESS: _____ LOCATION THE INJURY TOOK PLACE: _____

INJURY OR ILLNESS DETAILS: Was the rider involved in a fall YES / NO

Please describe any injuries: _____

NOTES:

- 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: _____ NUMBER: _____

Or

COURSE DOCTOR: _____ NZMC#: _____

Or

OTHER (name & job description: _____

Please give a copy to the rider and send copy to NZTR via Fax: 04 568 8866 OR Email: licensing@nztr.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 MEDICAL PRACTITIONER 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

Doctor Name: _____

Doctor Signature: _____

Date: _____

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

Stamp:

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