

Appendix H2 - Medical Treatment Form

Confidential when completed

| | |
|---------------------------|---|
| Event: | Branch/Centre: |
| Venue: | Date: |
| Competitor's Name: | Competitor No: Competitor DOB: |
| Time of incident: | High Velocity? Yes / No |

| |
|---------------------------------------|
| Brief description of incident: |
|---------------------------------------|

| | |
|------------------------------|--------------------------------|
| Head injury? Yes / No | If yes, L.O.C? Yes / No |
| Fitting? Yes / No | |
| Amnesia Retrograde: | Anterograde: |
| | Nil: |

| G.C.S / AVPU | Time | | Time | | Time | | Time | | | |
|--------------|------|---|------|---|------|---|------|---|--|--|
| | | / | | / | | / | | / | | |

OTHER INJURIES:

| | | |
|-----------------|--|------------------|
| Head | | Drugs |
| Face/Jaw | | |
| Chest | | |
| Abdomen | | |
| R Arm | | |
| L Arm | | |
| R Leg | | Allergies |
| L Leg | | |
| Pelvis | | |
| C Spine | | |
| T Spine | | |
| L Spine | | |

| | | |
|--------------------------------|---------------------------|---------------|
| Outcome: | Fit to continue | Yes/No |
| Treatment on site: | | |
| Hospital Referral: | Mode of transport: | |
| Advice given (to whom): | | |
| Additional notes: | | |
| Medical Officer: | Signed: | |