



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 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 _____

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:- *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:** 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 <i>(e.g., influenza, or fractured wrist)</i>	Right/ left <i>(if appropriate)</i>	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: _____

Stamp:

Doctor Signature: _____ **Date:** _____

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

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