

**DRIVER'S NAME**

CAMS Use:

Organisers are responsible for the completion of this form and in all cases at CAMS authorised events where any person suffers an injury and/or any person is given medical attention by first aid or medical personnel.

**STEWARDS SIGNATURE**

SIGN HERE

Additional reports (eg. Vehicle damage and/or incident reports) must be attached to this form.

**SECRETARY SIGNATURE**

SIGN HERE

**Injured's Details**
**SURNAME**
**GIVEN NAME/S**
**DATE OF BIRTH**      —      —

**GENDER**
**ADDRESS**
**SUBURB**
**STATE**
**POSTCODE**
**EMAIL**
**MOBILE**
**PHONE**
**OCCUPATION**
**CAMS ID**  
(If applicable)

**CAR NUMBER**  
(If applicable)

**ROLE AT EVENT**

DRIVER

CO-DRIVER

OFFICIAL

PIT CREW

SPECTATOR

OTHER (PLEASE SPECIFY)

**Event Details**
**VENUE**
**EVENT**
**DATE**      —      —

**TIME OF INCIDENT**
**PERMIT NUMBER**
**Statement by Medical Personnel**
**THE COMPETITORS LICENCE:**

SHOULD\*

SHOULD NOT

...BE SUSPENDED PENDING FURTHER EXAMINATION.

\*Note: if medical personnel consider licence should be suspended, it is to be immediately submitted to the Stewards of the Meeting with this form.

**TURN PAGE FOR FURTHER DETAILS AND MEDICAL STATEMENT**

**Further Details**

<b>INJURY</b>	PERSONAL INJURY	NO PERSONAL INJURY	
<b>TREATMENT LOCATION</b>	COLLISION SCENE	MEDICAL CENTRE	OTHER
<b>ARRIVAL METHOD</b>	ON FOOT	AMBULANCE	NON MEDICAL VEHICLE

**DESCRIPTION OF COLLISION AND CIRCUMSTANCES ASSOCIATED**

**CHIEF STEWARD**

SIGN HERE

**CLERK OF COURSE**

SIGN HERE

**DATE**      -      -

**DATE**      -      -

**Statement by Medical Personnel**

**WHERE SEEN**

**CONDITION ON INITIAL PRESENTATION**

**WHAT (IF ANY) TREATMENT WAS PERFORMED?**

**SUBSEQUENT TREATMENT RECOMMENDED**

HOME REST

OWN DOCTOR

URGENT

HOSPITAL

NON URGENT

OTHER

**NAME OF MEDICAL PERSONNEL**

SIGN HERE

**DATE**      -      -