MEDICAL INCIDENT REPORT FORM
02.10

Event Name		Event Venue	
Date of Event		Organiser	
Permit No		Course Certificate No	
Secretary of the Meeting			
Address			
Name of Chief Medical Office (CMO)		Contact No	

In the event of an injury / incident / accident please complete this form and return it to the NORA 92 Office.

Show details of all competitors, officials and spectators who received first-aid attention / treatment.
Please see note below concerning witness details.
It is necessary to complete and return this form if there are no injuries / incidents / accidents to report.

Print Name	Injury / Circumstances	Location on Circuit	Hospitalised			C / O / S
			YES	NO	O/Night	

C: Competitor / O: Official / S: Spectator

In the case of serious or fatal accident refer to the NORA 92 Claims & Serious Incident Procedure Form and immediately contact Roy Barton on 07368 458650.

Injury to Spectators: In the event of injury being sustained by any spectator, their names, and addresses and those of any witnesses should be enclosed with the form together with full details of the accident. Care should be taken to ensure that these witnesses are not friends or relations of the injured spectators. Liability should not be admitted nor mention made of insurance to anyone.

To be completed by the Chief Medical Officer (CMO):

Signature		Date	

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