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| UK Athletics |  | **RETURN COMPLETED FORM TO:****Scottish**athletics LtdCaledonia HouseSouth GyleEdinburghEH12 9DQ**events@scottishathletics.org.uk** |

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| **POST-RACE MEDICAL RETURN FORM****CONFIDENTIAL WHEN COMPLETED** |

|  |  |  |  |
| --- | --- | --- | --- |
| Event Name |  | Licence No. |  |
| Event Date |  | Start Time |  |
| Event Distance(s) |  |
| Course Location |  | County |  |
| Promoting Body | **scottish**athletics |

**Section 1 - Weather conditions on race day**

Details of race day weather conditions can be obtained from the BBC Weather website <http://www.bbc.co.uk/weather/> or the Met Office website <http://www.metoffice.gov.uk/public/weather/observations>

|  |  |
| --- | --- |
| Ambient temperature (⁰C) |  |
| Wind speed (mph) |  |
| Other (eg relative humidity; sunny/overcast/raining). Please state any relevant information |  |

**Section 2 - First Aid or Medical Provision on race day**

|  |  |
| --- | --- |
| **Provision numbers** | **Numbers** |
| First aiders – external provider |  |
| First aiders – event volunteers |  |
| Cycle/motorcycle responders |  |
| Ambulances |  |
| Response cars |  |
| Paramedics |  |
| Doctors |  |
| Defibrillators |  |
| Nurses |  |
| On-course first aid posts |  |
| Other, please state (eg physiotherapist) |  |

|  |  |
| --- | --- |
| Details of first aid/medical provider |  |
| Name of first aid provider (or event team member responsible for first aid) |  |
| Contact phone number  |  |
| Contact email address  |  |

**Section 3 - Casualty Details**

Note – before your event, inform your first aid or medical provider that you will be required to provide a casualty report to the licencing authority after the event in the format below

|  |  |  |  |
| --- | --- | --- | --- |
| **Overall casualty numbers** | **Medical \*** | **Trauma \*** | **Totals** |
| Competitors |  |  |  |
| Spectators |  |  |  |
| Volunteers (staff and contractors) |  |  |  |
| **Total patient contacts** |  |  |  |

\*Medical conditions might typically include exhaustion, fainting, sickness, cardiac conditions etc

Trauma includes injuries such as blisters, abrasions, sprains, head injury etc. from trips, falls, traffic accidents etc.

|  |  |
| --- | --- |
| Serious Casualties |  |
| Hospital transfers |  |
| Serious collapses |  |
| Defibrillation – number carried out |  |
| Deaths |  |
| Other comments For serious collapses requiring removal to hospital please state cause of collapse (eg cardiac, physiological, underlying condition, trauma) and location by distance on course (eg *1 x collapse due to suspected cardiac condition at mile 2, or finish)* |  |

**Section 4 - Fatalities or Serious Accident Report Form**

In addition to the post-race medical return above, the Race Director must also report any fatality, or serious accident which requires medical treatment to UK Athletics’ Health & Safety Manager as soon as possible after the event using the on-line accident and incident report form at

http://www.britishathletics.org.uk/governance/health-safety/what-to-do-in-the-event-of-an-accident-or-dangerous-incident/online-accident-incident-report-form/