“TOUR 2015” --- INJURY & ILLNESS FORM

Day	Stage No	**Injury** ◻	**Illness** ◻

Name-Surname	Gender	Age	Official number of the Rider	Team

Ilness

Complaint:

General information:

Diagnosis: Results (outcome :

The cause of the crash	
Road – tarmac damaged	◻
Other cyclist	◻
Technical malfunctions	◻
Slippery ground	◻
Other	

Mechanism of injury	
Fall	◻
--- Fall over the handlebars	◻
--- Falling to the side	◻
Collision	◻

Scene of accident	
Inside residential areas ◻	Outside residential areas ◻

Cause of fall	
Losing control	◻
Collision	◻
Slipping	◻
Other :	◻

Anatomical region			
Upper extremities	Hand	R_	L_
	Wrist	R_	L_
	Elbow	R_	L_
	Arm	R_	L_
	shoulder	R_	L_
Lower extremities	Foot	R__	L__
	Ankle	R__	L__
	Knee	R__	L__
	Thigh	R__	L__
	Hip	R__	L__
Face			
Head - Neck			
Thorax			
Abdomen			
Internal Injury	Yes ◻	No ◻	

Road situation at the crash		
Bend		
Straight road		
Uphill		
Downhill		
Normal ◻	Slippery ◻	Gravel ◻

Scene of accident	
Start area (the first 2 km)	◻
Mid-race	◻
Finish (the last 2 km)	◻

Minute	
Kilometer	

Additional explanation

Sent to hospital	
Yes ☐	No ☐
Hospital Name	

Type of injury	
Abrasion	1
Contusion	2
Laceration (requiring sutures)	3
Fracture	4
Dislocation	5

Hospital work-up	
CBC	☐
Biochemistry	☐
Imaging studies	☐
Consultation	☐
Hospitalization status	
Admission to hospital ☐	**Discharge** ☐

Provided Treatments

Medical supplies and medication

Status of continue racing after crash	
Continued	☐
Did not continue	☐
He continued the next day	☐

Additional explanation:

Treatment time	
During stage , vehicle on the move	☐
During stage, cyclist stops	☐
After stage (finish area)	☐
Before stage (start area)	☐
Rest time (hotel vs.)	☐

The number of cyclists involved in the accident	
One cyclist accident	☐

Name of who filled out this form