

"TOUR 2015" --- INJURY & ILLNESS FORM

Day	Stage No	Injury <input type="checkbox"/>	Illness <input type="checkbox"/>
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Name-Surname	Gender	Age	Official number of the Rider	Team
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Illness	
Complaint:	
General information:	
Diagnosis:	Results (outcome :

The cause of the crash	
Road – tarmac damaged	<input type="checkbox"/>
Other cyclist	<input type="checkbox"/>
Technical malfunctions	<input type="checkbox"/>
Slippery ground	<input type="checkbox"/>
Other	

Mechanism of injury	
Fall	<input type="checkbox"/>
--- Fall over the handlebars	<input type="checkbox"/>
--- Falling to the side	<input type="checkbox"/>
Collision	<input type="checkbox"/>

Scene of accident	
Inside residential areas <input type="checkbox"/>	Outside residential areas <input type="checkbox"/>

Cause of fall	
Losing control	<input type="checkbox"/>
Collision	<input type="checkbox"/>
Slipping	<input type="checkbox"/>
Other :	<input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/>		

Road situation at the crash		
Bend		
Straight road		
Uphill		
Downhill		
Normal <input type="checkbox"/>	Slippery <input type="checkbox"/>	Gravel <input type="checkbox"/>

Scene of accident	
Start area (the first 2 km)	<input type="checkbox"/>
Mid-race	<input type="checkbox"/>
Finish (the last 2 km)	<input type="checkbox"/>

Minute	
Kilometer	

Additional explanation	

Sent to hospital	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hospital Name	

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

Hospital work-up	
CBC	<input type="checkbox"/>
Biochemistry	<input type="checkbox"/>
Imaging studies	<input type="checkbox"/>
Consultation	<input type="checkbox"/>
Hospitalization status	
Admission to hospital <input type="checkbox"/>	Discharge <input type="checkbox"/>

Provided Treatments

Medical supplies and medication

Status of continue racing after crash	
Continued	<input type="checkbox"/>
Did not continue	<input type="checkbox"/>
He continued the next day	<input type="checkbox"/>

Additional explanation:

Treatment time	
During stage , vehicle on the move	<input type="checkbox"/>
During stage, cyclist stops	<input type="checkbox"/>
After stage (finish area)	<input type="checkbox"/>
Before stage (start area)	<input type="checkbox"/>
Rest time (hotel vs.)	<input type="checkbox"/>

The number of cyclists involved in the accident	
One cyclist accident	<input type="checkbox"/>

Name of who filled out this form
