

STATEMENT BY MEDICAL STAFF (Medical staff definition: <b>Dr</b> = Doctor, <b>PARA</b> = Paramedic, <b>RN</b> = Registered Nurse, <b>EN</b> = Enrolled Nurse)							
Date of Incident:	Time of Incident:						
Patient's Name:	Date of Birth:						
1) Where Patient seen:							
2) Nature and Extent of injuries at time of examination:							
3) What treatment was performed	– Brief summary:						
4) Subsequent treatment recommended:							
5) What medical emergency vehicle/s and equipment were available at location of patient examination:							
6) Other medical personnel at incident scene:							
Hospital (Y / N and location):							
Name of own medical practitioner:							
Contact Number:							
Own Doctor (Y/N)	Contact Number:						
Emergency Ambulance ( Y / N )	Ambulance car number or branch:						
Home to rest ( Y / N )	Recommendations or advice given:						
Urgent Y / N	Non-Urgent Y / N						
Recommendation: Competitor able to resume driving (Y / N)							
Should competitors license be suspended (Y / N) $^{\ast}$ *If Yes AASA to be advised immediately							
Remarks – further details:							
Print Name:	Signed: Date:						
Medical Staff Qualification: Note Patient Care Record on rear of	of form to be completed if any treatment performed or full assessment completed						

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AASA House - Huntley Street, Winton, VIC 3673 Telephone: 03 5721 7800





Surname:	First Name:				
D.O.B.:	Gender:				
Address:					
City, State and P/code:					
Phone (Home):	Phone (Mobile):				
□ Consent to treatment □ Refuses	Casualty's signature				

History of incident or illness

Assessment

Time			1			
GCS: 3-15				24		
Pulse Strength		3/10				
Strong/Weak/Bounding						
Pulse Rate						
Respiration Quality						
Deep/Shallow/Gasping						
Respiration Rate						
Blood Pressure						
Skin Hot/Warm/Cool/Cold						
Allergies:			-	$\odot$		$\Omega$
Medications:				GÈ	5	60
Past History:				IP		
Treatment:						
Hospital (Own Transport)	Time of departure:			Destination:		
Ambulance	Time of Call:	Caller:		Arrival time:		
Own Doctor	Time of departure:					
Other (police etc)	Service:	Caller:		Time called:		
Returned to Event	Time returned:	Who was	advised:			
Doctor / Paramedic / Nurs Signature:	e Name:					
Graphic Key: A: Abrasion B: F: Fracture (diagnos	Bleeding BU: Burns sed or queried)		D: Discolouratio P: Pain		Tenderness	

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