MOTORCYCLING NEW ZEALAND INC

Phone:+64 7 828 7852 - Fax:+64 7 828 7928 - Email: admin@mnz.co.nz
Postal: PO Box 253; Huntly 3740 - Courier: 211 Main Street; Huntly 3700
www.mnz.co.nz

EVENT INJURY REPORT

Date of Event _____ Permit No. _____ Stewards Name _____ Organising Club _____

Name of Injured Person	Injured Person's position *(e.g. rider, official, spectator etc)*	Licence Number	If rider, were they wearing a Neck Brace when injured?	Description of Injury/ies	Action Taken *(e.g. treated on the day, referred to GP, taken to hospital by Ambulance etc)*

ATTENTION STEWARDS: This form must be given to the Medical Personnel at the start of the event. After the event this form must be sent to the MNZ Office with the Stewards Report & injured competitors licence & logbook (as per rule 5.8.2.1).

Name of Medical Person _____

Position - ☐ St Johns ☐ Registered Nurse ☐ Doctor ☐ Private Medical Person

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