



## ACCIDENT STATISTIC FORM

## HIGHLY CONFIDENTIAL

To be completed by the CMO

to be sent to the FIM Medical Department at gdpr-medical@fim.ch

To be strictly shared only with: FIM Medical Director/Officer/Delegate/Representative

Name of event:

Date of event:

## Name of CMO :

Monday = MON			
Tuesday = TUE	W = Weather	A.S. = Accident Statistic	Ass.= Assessment
Wednesday = WED	S = Sunny	N = Rider OK	F = fit
Thursday = THU	R = Rain	T = Treated & discharged	U = unfit
Friday = FRI	C = Cloudy	H = Transported to hospital	R = to be reviewed
Saturday = SAT			
Sunday = SUN			

Day	W	Time	Class	A.S.	Turn N°	FIRST NAME/ <b>LAST NAME</b>	NATURE OF INJURIES	Ass.

The CMO, FIM Medical Representative, FIM Medical Director/FIM Medical Officer

are bound to ensure that this Personal Data and Sensitive Personal Data they process is

protected as required by the data protection and privacy laws in force by applying all necessary security

safeguards. This information shall not be disclosed to any other person except when strictly necessary in order

to fulfil their obligations under the FIM Medical Code and in accordance with its Art. 09.12.

Signature of CMO:

Date: