

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

Wednesday = WED

Thursday = THU

Friday = FRI

Saturday = SAT

Sunday = SUN

W = Weather

S = Sunny

R = Rain

C = Cloudy

A.S. = Accident Statistic

N = Rider OK

T = Treated & discharged

H = Transported to hospital

Ass.= Assessment

F = fit

U = unfit

R = to be reviewed

Day	W	Time	Class	A.S.	Turn N°	FIRST NAME/LAST NAME	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: