APPENDIX F3 TRIAL



Fédération Internationale de Motocyclisme 11, route Suisse - CH-1295 Mies (Suisse) E-mail: cmi@fim.ch

CIRCUIT CMO QUESTIONNAIRE TRIAL

(Form only to be used by the CMO (Chief Medical Officer)

This questionnaire must be completed by the Medical Doctor (in accordance with art. 09.4.1 of the FIM Medical code) and returned to the FIM by e-mail, <u>**TWO months prior**</u> to the event with the following attachments:

a) A map of the sections including medical overview of medical personal,

ambulances and fire service

b) A map of the sections indicating the routes for urgent evacuation

- c) Written confirmation from all involved hospitals
- d) Written confirmation of CMO/doctor about availability of medical staff during the event

e) Road map to hospital(s)

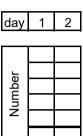
A copy of this form has to be handed over before the first inspection of the sections to the FIM Medical Representative (FIM Medical Code art. 09.4.1)

Discipline		IMN No.	
Circuit		Date	
Country			
СМО	Γ		

1) Are all medical services under the control of the CMO



Doctor(s)	
Nurses	
Paramedic or equivalent	
Other Medical personnel	
Driver	
Total	



NO

YES

NOTE: If there is a considerable distance between the sections, there should be additional doctors with adequate emergency equipment.

Vehicles Type A (Medical Rapid Intervention Vehicle) 3a) Number Type of vehicle YES NO Doctor(s) as per Medical Code art. 09.5 Nurse, paramedics as per Medical Code Driver as per Medical Code 3b) **Medical equipment** Portable oxygen supply Manual ventilator Intubation equipment Suction equipment Intravenous infusion equipment Equipment to immobilise limbs and spine (including cervical spine) Sterile dressings ECG monitor and defibrillator Drugs for resuscitation and analgesia/IV fluids Sphygmomanometer and stethoscope **Equipment technical** 3c) Radio communication Visible and audible signals Equipment to remove clothing and helmets Type de véhicule

4a)	Vehicles Type B Type of vehicle	Number	
	Do positions conform to map of circuit/ posts? Doctor as per Medical Code Staff as per Medical Code		YES NO
4b)	Medical & technical Equipment as per Medical Code, Art. 09.5.1.4		
5a)	Medical ground posts (if necessary)	Number	
	Do positions conform to map of section?		YES NO
5b)	Personnel Doctor/ paramedic or equivalent experienced in emergency care Stretcher bearer		
5c)	Equipment medical Equipment for initiating resuscitation and emergency treatment Cervical collar Scoop stretcher		
5d)	Equipment technical Radio communication with Medical Doctor in charge		
6)	Is a facility available for treatment of injured competitors?		YES NO
	Room, container or tent (please describe/specify) if there is no Medical Centre		

7) Vehicles for transport to hospital	Number
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8) Clothing of medical personnel as per Medical Code

Doctor Paramedics or equivalent

Hospitals 9)

Type of hospital	Name of hospital	GPS Coordinates	Time frohospitalRoadAirminmin	Distance km
a) Local hospital				
b) General surgery				
c) Orthopeadic/ Trauma				

YES

NO

(a) —		YES	NO
10)	The CIRCUIT CMO QUESTIONNAIRE has been completed by the CMO		
11)	Medical service is in accordance		

11) with the Medical Code.

Remarks:			

Date:

Signature of the CMO:

4