APPENDIX F6 SPEEDWAY



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CIRCUIT CMO QUESTIONNAIRE SPEEDWAY

(Form only to be used by CMO)

This questionnaire has to be completed by the CMO (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:

- 1) A map of the track including medical overview of medical personal, ambulances and fire service
- 2) A map of the track indicating the routes for urgent evacuation
- 3) Written confirmation of CMO about availability of medical staff during the event
- 4) Written confirmation of all hospitals involved
- 5) Road map to hospital(s)

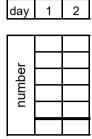
A copy of this form has to be handed over before the first inspection to the FIM Medical Representative

Discipline			IMN No.	
Circuit			Date	
Country				
CHIEF MEDICAL OF	FICER			
		LICNo.		

- 6) Are all medical services under the control of the Chief Medical Officer
- 7) Total personnel during event

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





8)	Vehicles Type B1 Vehicles Type B2	Number Number		
	Do positions conform to map of sections? Doctor as per Medical Code Peronnel as per Medical Code	YES		NO
8a)	Medical Equipment Stretcher Oxygen supply Equipment to immobilise limbs and spine First Aid medicaments and materials			
8b)	Technical Equipment Radio communication with the Race Director and CMO (if applicab Visible and audible signals	le)]	
8c)	Medical Ground Post Number			
	Do positions conform to map of section?]	
8d)	Personnel Doctor, nurse, paramedic or equivalent experienced in emergency Stretcher bearer	care]	
8e)	Medical Equipment Equipment for initiating resuscitation and emergency treatment Cervical collar Scoop stretcher			
8f)	Technical Equipment Radio communication with Race Director (if applicable) and CMO]	

9)	Is a facility available for treatment of injured competitors Room, container or tent (please describe/specify) - to complete if there ir no Medical Centre						
10)	Vehicles for transport to	hospital	Тур	be C	Nu	umber	
11)	Clothing of medical pers	sonnel as per Me	dical Co	de		¥50	Nov
	Doctor Paramedics or equivalent					YES	
12)	Anti-doping facilities						
13)	Hospitals						
	Type of hospital	Name of Hospi	tal	Time to Route min	hospital Air min	Distance km	
	a) Local hospital			[]			
	b) General Surgery						
	c) Orthopaedic/Trauma						
14)	The CIRCUIT CMO QUE medical service is in acc Code.					10, YES	NO
	Remarks:						

Date:

CMO Signature: