

**APPENDIX F2  
MX / Supermoto**



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**CIRCUIT CMO QUESTIONNAIRE  
MOTOCROSS / SUPERMOTO**

**(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 Medical Code) and returned to the FIM by e-mail 2 months prior to the event**

- a) A map of the circuit including medical groundposts, medical centre, ambulances, helicopter landing area etc.
- b) A map of the circuit indicating the routes for urgent evacuation
- c) Confirmation from all involved hospitals
- d) Written confirmation about availability of medical staff during practice and racing

**A copy of this form has to be handed over before the first track inspection to the FIM Medical Director , if present**

CLASS	<input type="text"/>	IMN No.	<input type="text"/>
CIRCUIT	<input type="text"/>	DATE	<input type="text"/>
COUNTRY	<input type="text"/>		
CHIEF MEDICAL OFFICER	<input type="text"/>		
	LIC.-No.	<input type="text"/>	

CLASS

IMN No.

YES NO

1) Are all medical services under the control of the Chief Medical Officer

2) Total personnel (Medical Centre, track, spectators)

(please fill in the number)

Doctor (CMO included)
Nurse
Paramedic or equivalent
Medical Personnel
Stretcher bearer
Driver
Other
Med. Personnel (in total)

0 Thursday  
1 Friday  
2 Saturday  
3 Sunday

day	0	1	2	3
number				

3a) Vehicles Type A = Medical Intervention Vehicle

Number

Do positions conform to map of circuit/ posts?

Doctor as per Medical Code

Second doctor, nurses, paramedic or equivalent 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

3c) Technical equipment

Radio communication

Visible and audible signals

Equipment to remove suits and helmets

CLASS

IMN No.

Type of vehicle

YES NO

**3d) Other equipment**

Protective canvas/Tarpaulins



**4a) Vehicles Type B**

Number

YES NO

Do positions conform to map of circuit/ posts?



Doctor as per Medical Code



Staff as per Medical Code



**4b) Medical equipment**

YES

NO

Portable oxygen supply



Manual and automatic ventilator



Intubation equipment



Suction equipment



Intravenous infusion equipment



Equipment to immobilise limbs and spine (including cervical spine)



Sterile dressings



Thoracic drainage equipment/Chest decompression equipment



Tracheostomy equipment/Surgical airway equipment



Sphygmomanometer and stethoscope



Stretcher



Scoop stretcher



ECG monitor and defibrillator



Pulse oximeter



Drugs for resuscitation and analgesia/ IV fluids



**4c) Technical equipment**

Radio communication with the Race Direction and CMO



Visible and audible signals



Equipment to remove suits and helmets



Type of vehicle

**5) Medical ground posts**

Number

Do positions conform to map of circuit/ posts?



Doctor



First aiders or stretcher bearers



Paramedic or equivalent experienced in resuscitation and pre-hospital management of trauma



Two first aiders or stretcher bearers

CLASS

IMN No.

	YES	NO
<b>5a) Medical equipment</b>		
Equipment for initiating resuscitation and emergency treatment including:		
Initial airway	<input type="checkbox"/>	<input type="checkbox"/>
Ventilatory support	<input type="checkbox"/>	<input type="checkbox"/>
Haemorrhage control	<input type="checkbox"/>	<input type="checkbox"/>
Cervical collar	<input type="checkbox"/>	<input type="checkbox"/>
Extrication device - This should be a Scoop stretcher or if not available a spinal board or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Devices such as "NATO" or other canvas stretchers that require the rider to be lifted on to them are no longer acceptable.	<input type="checkbox"/>	<input type="checkbox"/>
<b>5b) Medical equipment</b>		
Equipment for initiating resuscitation and emergency treatment	<input type="checkbox"/>	<input type="checkbox"/>
Cervical collar	<input type="checkbox"/>	<input type="checkbox"/>
Scoop stretcher or spinal board or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
<b>5c) Technical equipment</b>		
Radio communication with CMO	<input type="checkbox"/>	<input type="checkbox"/>
<b>5d) Other equipment</b>		
Protective canvas/Tarpaulins	<input type="checkbox"/>	<input type="checkbox"/>
<b>6a) Medical centre</b>		
Is it a permanent structure?	<input type="checkbox"/>	<input type="checkbox"/>
<b>6b) Number of rooms</b>	<input type="text"/>	
Area in sq.m.	<input type="text"/>	
	YES	NO
Secure environment from which media and public can be excluded	<input type="checkbox"/>	<input type="checkbox"/>
Area easily accessible by First Aid vehicles	<input type="checkbox"/>	<input type="checkbox"/>
Helicopter landing area nearby	<input type="checkbox"/>	<input type="checkbox"/>
Water supply, heating, air-conditioning and sanitation appropriate to the country	<input type="checkbox"/>	<input type="checkbox"/>
Parking for ambulances	<input type="checkbox"/>	<input type="checkbox"/>
<b>6c) Minimum room dimensions and requirements</b>		
1 resuscitation room	<input type="checkbox"/>	<input type="checkbox"/>
or		
2 resuscitation rooms	<input type="checkbox"/>	<input type="checkbox"/>

CLASS

IMN No.

**6d) Equipment for resuscitation areas**

**YES NO**

Equipment for endotracheal intubation, tracheostomy and ventilation support including suction, oxygen and anaesthetic agents

Equipment for intravenous access including cut down and central venous cannulation and fluids including colloid plasma expanders and crystalloid solutions

Intercostal drainage equipment

Equipment for cardiac monitoring and resuscitation, including ECG monitoring, defibrillation and blood pressure measurement

Equipment for immobilising the spine at all levels

Equipment for the splinting of limb fractures

Drugs/ IV fluids including analgesia, sedating agents, anticonvulsants, paralyzing and anaesthetic agents, cardiac resuscitation drugs/ IV fluids

**6e) Staff are appropriately trained & skilled**

**6f) Is there another facility for treatment of injured riders-**

Room, container or tent (please describe/specify) - only to be filled in if there is no Medical Centre

**6g) Personnel of Medical Centre**

(please fill in the number)

day	0	1	2	3
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Doctor
Nurse
Paramedic
First Aider
Stretcher Bearer
Driver
Other

- 0 Thursday
- 1 Friday
- 2 Saturday
- 3 Sunday

number				

Med. Personnel (in total)

Specialists at medical centre (mentioning specialty)

	yes	no
1. Surgeon experienced in trauma		
2. Trauma resuscitation specialist		

Other Specialists

3.	
4.	

CLASS

IMN No.

7) Vehicles for transport to hospital Number

8) Ways to cross the track during racing

	YES	NO
Tunnel		
Bridge		

9a) Helicopter

Helicopter with medical equipment Number

	YES	NO
Fluids and drugs		
Respirator		
Oxygen		
ECG/defibrillator		

9b) Personnel (specify)

Doctor
Paramedic or equivalent
Pilot

0 Thursday  
1 Friday  
2 Saturday  
3 Sunday

day	0	1	2	3
Number				

10) Clothing of medical personnel as per Medical Code

	YES	NO
Doctor		
Nurses, paramedics or equivalent		

11) Is there separate medical personnel for Spectators?

Personnel (specify)

Doctor
Nurse
Paramedic
First Aider
Stretcher Bearer
Driver
Other
Med. Personnel (in total)

0 Thursday  
1 Friday  
2 Saturday  
3 Sunday

(please fill in the number)

day	0	1	2	3
Number				

12) Facilities for doping controls

CLASS

IMN No.

13) Hospitals

Type of hospital	Name of Hospital	GPS coordinates	Time to Hospital		Distance km
			Road	Air	
			min	min	
a) Local hospital			<input type="text"/>	<input type="text"/>	<input type="text"/>
b) General Surgery			<input type="text"/>	<input type="text"/>	<input type="text"/>
c) Orthopaedic/Trauma			<input type="text"/>	<input type="text"/>	<input type="text"/>
d) Neurosurgery			<input type="text"/>	<input type="text"/>	<input type="text"/>
e) Spinal Injuries			<input type="text"/>	<input type="text"/>	<input type="text"/>
f) Cardio/Thoracic Surgery			<input type="text"/>	<input type="text"/>	<input type="text"/>
g) Burns/Plastic Surgery			<input type="text"/>	<input type="text"/>	<input type="text"/>
h) Vascular Surgery			<input type="text"/>	<input type="text"/>	<input type="text"/>
i) Micro Surgery			<input type="text"/>	<input type="text"/>	<input type="text"/>

14) A route map to the hospitals is enclosed

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

15) The CIRCUIT CMO QUESTIONNAIRE has been completed by the CMO

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

Date:

Signature of the CMO: