



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, **TWO months prior** 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	<input type="text"/>	IMN No.	<input type="text"/>
Circuit	<input type="text"/>	Date	<input type="text"/>
Country	<input type="text"/>		
CMO	<input type="text"/>		

N° Lic. (if existing)

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

YES  NO

2) Total personnel during event

day 1 2

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

Number	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

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

3a) Vehicles Type A (Medical Rapid Intervention Vehicle)

Number

Type of vehicle

Doctor(s) as per Medical Code art. 09.5  
Nurse, paramedics as per Medical Code  
Driver as per Medical Code

YES  NO

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) Equipment technical

Radio communication  
Visible and audible signals  
Equipment to remove clothing and helmets

Type de véhicule

**4a) Vehicles Type B** Number   
 Type of vehicle

	YES	NO
Do positions conform to map of circuit/ posts?	<input type="checkbox"/>	<input type="checkbox"/>
Doctor as per Medical Code	<input type="checkbox"/>	<input type="checkbox"/>
Staff as per Medical Code	<input type="checkbox"/>	<input type="checkbox"/>

**4b) Medical & technical Equipment** as per Medical Code,  
 Art. 09.5.1.4

**5a) Medical ground posts** (if necessary) Number

	YES	NO
Do positions conform to map of section?	<input type="checkbox"/>	<input type="checkbox"/>

**5b) Personnel**

Doctor/ paramedic or equivalent experienced in emergency care	<input type="checkbox"/>	<input type="checkbox"/>
Stretcher bearer	<input type="checkbox"/>	<input type="checkbox"/>

**5c) Equipment medical**

Equipment for initiating resuscitation and emergency treatment	<input type="checkbox"/>	<input type="checkbox"/>
Cervical collar	<input type="checkbox"/>	<input type="checkbox"/>
Scoop stretcher	<input type="checkbox"/>	<input type="checkbox"/>

**5d) Equipment technical**

Radio communication with Medical Doctor in charge	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

**6) Is a facility available for treatment of injured competitors?**

Room, container or tent (please describe/specify)  
 if there is no Medical Centre

7) **Vehicles for transport to hospital** Number

8) **Clothing of medical personnel as per Medical Code**

	<b>YES</b>	<b>NO</b>
Doctor	<input type="checkbox"/>	<input type="checkbox"/>
Paramedics or equivalent	<input type="checkbox"/>	<input type="checkbox"/>

9) **Hospitals**

Type of hospital	Name of hospital	GPS Coordinates	Time fro hospital		Distance
			Road	Air	km
			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) Orthopeadic/ Trauma			<input type="text"/>	<input type="text"/>	<input type="text"/>

10) **The CIRCUIT CMO QUESTIONNAIRE has been completed by the CMO** YES  NO

11) **Medical service is in accordance with the Medical Code.**

**Remarks:**

**Date:**

**Signature of the CMO:**