



Fédération Internationale de Motocyclisme
11, route Suisse - CH-1295 Mies (Suisse)
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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, **TWO months prior** 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 OFFICER

LIC.-No.

6) Are all medical services under the control of the Chief Medical Officer YES NO

7) Total personnel during event day

1	2
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Doctor (including CMO)
Nurses
Paramedic or equivalent
Other Medical personnel
Driver
Total

number		

8) Vehicles Type B1 Number

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 Vehicles Type B2 Number

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Do positions conform to map of sections? YES NO
 Doctor as per Medical Code
 Personnel as per Medical Code

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 applicable)
 Visible and audible signals

8c) Medical Ground Post Number

Do positions conform to map of section?

8d) Personnel
 Doctor, nurse, paramedic or equivalent experienced in emergency care
 Stretcher bearer

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 is no Medical Centre

10) Vehicles for transport to hospital Type C Number

11) Clothing of medical personnel as per Medical Code

	YES	NON
Doctor	<input type="checkbox"/>	<input type="checkbox"/>
Paramedics or equivalent	<input type="checkbox"/>	<input type="checkbox"/>

12) Anti-doping facilities

13) Hospitals

Type of hospital	Name of Hospital	Time to hospital		Distance
		Route	Air	km
		min	min	
a) Local hospital	<input style="width: 150px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 100px;" type="text"/>
b) General Surgery	<input style="width: 150px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 100px;" type="text"/>
c) Orthopaedic/Trauma	<input style="width: 150px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 100px;" type="text"/>

14) The CIRCUIT CMO QUESTIONNAIRE has been completed by the CMO, medical service is in accordance with art. 09.7.6 of the Medical Code. YES NO

Remarks:

Date:

CMO Signature: