

CUMULATIVE RACE INJURY DATA FORM

Medical Encounter - A reported medical problem that is an interaction between the medical team and a race participant requiring medical assistance or evaluation, taking place from the official start of the event, up to 24 hours after the official cut-off time of the event. These include minor injuries as well as serious/life-threatening situations.

Serious Injury - A medical encounter that is known to be life threatening and requires immediate emergency medical treatment at a high-care medical area at the race event OR transport to a hospital.

Event-related Death - A medical encounter that results in sudden death that was deemed directly related to the event, with the onset of the medical problem occurring during the event or within 24 hours of the finish time.

GENERAL RACE INFORMATION

Organization:

Race Name:

Date:

Location:

RACE TYPE	RACE CHARACTERISTICS	Distance (km)	Starting Elevation (m)	Elevation Change (m)	Changes to Racecourse
Triathlon <input type="checkbox"/>	Swim	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
Duathlon <input type="checkbox"/>	Cycle	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
Aquathlon <input type="checkbox"/>	Run	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
CrossTri <input type="checkbox"/>					
Winter Triathlon <input type="checkbox"/>	2 nd Run (for Duathlon)	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
Paratriathlon <input type="checkbox"/>	Other (please specify)	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>

PARTICIPANT INFORMATION				MEDICAL COVERAGE	
	<u>Total</u>	<u>Males</u>	<u>Females</u>		
<u>Participants</u>	_____	_____	_____	MDs on site? Y <input type="checkbox"/> N <input type="checkbox"/> Ambulances on site? Y <input type="checkbox"/> N <input type="checkbox"/> Entire racecourse visualized w/ communication? Y <input type="checkbox"/> N <input type="checkbox"/>	<u>Medical tent locations:</u> Start of race <input type="checkbox"/> Finish area <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> Other <input type="checkbox"/> Specify: <input style="width: 100%; height: 20px;" type="text"/>
<u>Finishers</u>	_____	_____	_____		
<u>Medical Encounters</u>	_____	_____	_____		
<u>Serious Injuries</u>	_____	_____	_____		
<u>Event-Related Deaths</u>	_____	_____	_____		

RACE START	AIR CONDITIONS	WATER CONDITIONS
Mass <input type="checkbox"/> Rolling <input type="checkbox"/> # per minute: _____ Wave <input type="checkbox"/> # per wave: _____	WBGT (°C): _____ Air Temperature (°C): _____ Air Humidity (%): _____ Wind Speed (km/hr): _____ Wind Direction: _____ Unexpected weather challenges? Y <input type="checkbox"/> N <input type="checkbox"/>	Water Temperature (°C): _____ Wave Height (m): _____ Current Speed (km/hr): _____ Current Direction: _____ If yes, please describe:

EVENT-RELATED DEATH

Date: Age: Gender: M F Cause: Location of Death: Home Hospital – ER Hospital – ICU Hospital – Other History of Post-Race Issues: Y N

Trauma: Medical: Coexisting Medical Problems: Medications:
Allergies: Past Surgical History: Incident Occurrence: at _____ meters into _____ stage (i.e., swim, bike, or run)

PHYSICAL FINDINGS

Exhaustion Severe Cramping Hyponatremia
Severe Nausea/Vomiting/Diarrhea Other (please specify)

LOCATION OF INCIDENT

Pre-Race Swim Bike Run Post-Race Medical Area
Post-Race at Venue Post-Race Hospital Post-Race During Travel

Final Comments (if any):

SERIOUS INJURY/MEDICAL ENCOUNTER

Date: Age: Gender: M F Type of Injury: Facility Care: ER ICU Hospitalized History of Post-Race Issues: Y N

Length of Hospitalization: Medical: Surgery: Y N Coexisting Medical Problems: Medications:
Allergies: Past Surgical History: Incident Occurrence: at _____ meters into _____ stage (i.e., swim, bike, or run)

PHYSICAL FINDINGS

Exhaustion Severe Cramping Hyponatremia
Severe Nausea/Vomiting/Diarrhea Other (please specify)

LOCATION OF INCIDENT

Pre-Race Swim Bike Run Post-Race Medical Area
Post-Race at Venue Post-Race Hospital Post-Race During Travel

INJURIES

Head Injury Y N
Loss of consciousness Open wound
Neurological deficit Other

Eye Injury Y N
Right: Penetrating Other
Left: Penetrating Other

Spine Injury Y N
Cervical: Neural changes Other
Thoracic: Neural changes Other
Lumbar: Neural changes Other
Genitourinary Injury Y N

Chest Injury Y N
Penetrating
Rib fracture
Other

Abdominal Injury Y N
Penetrating
Pelvic fracture
Other

Blunt
Penetrating
Other

Shoulder Injury Y N
Right: Dislocation Fracture
Clavicle Fracture Open Wound Other
Left: Dislocation Fracture
Clavicle Fracture Open Wound Other

Upper Arm Injury Y N
Right: Fracture Laceration
Open Wound Other
Left: Fracture Laceration
Open Wound Other

Forearm Injury Y N
Right: Fracture Laceration
Open Wound Other
Left: Fracture Laceration
Open Wound Other

Hip Injury Y N
Right: Fracture Laceration
Open Wound Other
Left: Fracture Laceration
Open Wound Other

Thigh Injury Y N
Right: Femur fracture Laceration
Open Wound Other
Left: Femur fracture Laceration
Open Wound Other

Knee Injury Y N
Right: Fracture Laceration
Open Wound Other
Left: Fracture Laceration
Open Wound Other

Shin/Calf Injury Y N
Right: Tibia fracture Fibula fracture
Laceration Open Wound Other
Left: Tibia fracture Fibula fracture
Laceration Open Wound Other

Ankle Injury Y N
Right: Fracture Laceration
Open Wound Other
Left: Fracture Laceration
Open Wound Other

Foot Injury
Right: Laceration
Open Wound Other
Left: Laceration
Open Wound Other

Final Comments (if any):