Appendix A1:
Illness-Related
Race Medical Encounter Data (R-MED) Form - Triathlon Sport Events

<EVENT NAME>

Illness-Related Race Medical Encounter Data (R-MED) Form

1. RACE DETAILS: <Pre-populate before the event>

<Race name>	Date: dd/mm/ >yyyy	Official start time:	Official finish time:

ENVIRONMENTAL CONDITION OF THE RACE DAY
Ambient Temperature (C°)
Relative Humidity (%)
WBGT index (C°) continuously during the race

2. LOCATION OF THE MEDICAL FACILITY:

☐ Course Q1	☐ Course Q2	☐ Course Q3	☐ Course Q4	☐ At finish	☐ Sweeper bus	☐ Hospital	☐ Other

3. ATHLETE DEMOGRAPHIC DETAILS:

Race Number:	Male ☐ Female ☐	Race finisher: YES ☐ NO ☐	

Arrival time at medical facility (hh/mm):

4. ATHLETE ILLNESS-RELATED MEDICAL HISTORY:

4a. Pre-race history:

Did the athlete suffer from any pre-race acute illness/symptoms (gastro/acute illness or infective illness?	YES ☐ NO ☐

Details of pre-race illness or injury (Type)

☐ URT symptoms with no systemic symptoms	☐ URT symptoms with systemic symptoms	☐ LRT symptoms
☐ Nausea/vomiting and diarrhoea	☐ Nausea only	☐ Nausea and vomiting
☐ Diarrhoea	☐ Other infective illness	☐ Other pre-race illness

Onset of pre-race illness	☐ Race day	☐ 1 day before	☐ 2-7 days before	☐ 8-14 days before	☐ > 15days before	

Analgesics/NSAIDs use **0-24 hours before** the race? YES ☐ NO ☐	Analgesics/NSAIDs use **during** the race? YES ☐ NO ☐
Prescription medication use (list please): YES ☐ NO ☐	Reason for medication use:

4b. Presenting complaint:

☐ Collapse (pre-finish)	☐ Collapse (post-finish)	☐ Confused	☐ Muscle cramps (localized)
☐ Chest pain	☐ Palpitations	☐ Fatigue/exhaustion	☐ Muscle cramps (systemic)
☐ Abdominal cramps/pain	☐ Diarrhoea	☐ Nausea/vomiting	☐ Seizure
☐ Headache	☐ Hot (suspected hyperthermia)	☐ Cold (suspected hypothermia)	☐ Difficulty breathing
☐ Wheeze	☐ Coughing	☐ Skin (chafing / blisters)	☐ Skin (cut / laceration)
☐ Skin (other)	☐ Musculoskeletal (head/neck)	☐ Musculoskeletal (chest/trunk)	☐ Musculoskeletal (upper limb)
☐ Musculoskeletal (spine/back)	☐ Musculoskeletal (hip/pelvis)	☐ Musculoskeletal (lower limb)	☐ Deep Chest/Abdominal trauma

☐ Other:

Additional clinical notes:

5. CLINICAL EXAMINATION:

5.1. Mental status (APVU):	☐ Alert	☐ Responds to voice	☐ Responds to pain	☐ Unresponsive
5.2. Glasgow Coma Scale: /15	Eye: /4	Verbal: /5	Motor: /6	
5.3. Hydration	☐ Dry mouth (mucosa)	☐ Oedema (swollen periphery)	☐ Poor skin turgor	
Fluid intake during race (ml):	Pre-race weight (kg):	Post-race weight (kg):	% Body weight change: %	

5.4. Vital signs

Time of measurement	Pulse	BP Systolic/diastolic)	Core Temp	% Sats	Glucose	Other
Admission						

5.5. Other clinical findings:

6. ORDERS / INVESTIGATIONS:

☐ Admit to ICU/resuscitation (medical tent or hospital)	☐ Admit medical tent for treatment	☐ Elevate legs	☐ Oral fluids
☐ Cooling	☐ Warming	☐ Wound care	☐ Other:

☐ Lab tests (glucose)	☐ Lab tests (sodium)	☐ Lab tests (potassium)	☐ Lab tests (urea/creat)	☐ Lab tests (blood gas)
☐ Lab tests (Hct/Hb)	☐ Lab tests (ECG)	☐ Lab tests (Ultrasound)	☐ Lab tests (Other)	

7. LABORATORY / INVESTIGATION RESULTS (ATTACH):

☐ Lab tests (glucose)	☐ Lab tests (sodium)	☐ Lab tests (potassium)	☐ Lab tests (urea/creat)	☐ Lab tests (blood gas)
☐ Lab tests (Hct/Hb)	☐ Lab tests (ECG)	☐ Lab tests (Ultrasound)	☐ Lab tests (Other)	

8. TREATMENT:

8.1. Fluid	Oral (cups / ml):	Water: ☐	Sports drink: ☐	Other	
Fluids-IVI (litres):	ml over min		Start time: End time:		Type:

8.2. Medication

Type:	Dosage:	Route (po/IM/IV):	Time (given):
Type:	Dosage:	Route (po/IM/IV):	Time (given):
8.3. Other treatment:			

9. PRE-DISCHARGE ASSESSMENT:

Conscious/orientated YES ☐; No ☐; N/A ☐	Ambulatory YES ☐; No ☐; N/A ☐	Asymptomatic YES ☐; No ☐; N/A ☐	Passed urine: YES ☐; No ☐; N/A ☐

10. FINAL DIAGNOSIS OF ILLNESS-RELATED MEDICAL ENCOUNTER:

Main organ system:

Multiple organs ☐	Cardiovascular system ☐	Respiratory / ENT system ☐	Central nervous system ☐
Rheumatological system ☐	Gastrointestinal system ☐	Genitourinary system ☐	Haematology / Nutrition ☐
Endocrine / Metabolic ☐	Dermatological system ☐	Ophthalmological system ☐	Dental illness ☐
Psychological / Psychiatric ☐	Tumour / malignancy ☐	Drug use / Overdose ☐	Other medical illness ☐
Final diagnosis / illness type:			

11. ILLNESS-RELATED MEDICAL ENCOUNTER SEVERITY:

Minor encounter ☐	Moderate encounter ☐	Serious / life threatening encounter ☐
Sudden cardiac arrest (SCA) ☐	Sudden cardiac death (SCD) ☐	Non-cardiac sudden death ☐

12. DISCHARGE INFORMATION:

☐ Discharged	☐ Hospital transfer	☐ Follow-up care needed	☐ Refusal of care
☐ Follow up call by race medical team needed YES ☐ NO ☐		☐ Other special instruction:	

13. TRANSPORT INFORMATION:	**Authorized by: Dr**
Hospital name:	Transported by:
Receiving doctor:	Receiving doctor's contact details:
Family / Next of Kin notified: YES ☐ NO ☐	Who was notified?

14. ADDITIONAL CLINICAL NOTES:

15: DOCTOR / CLINICIAN DETAILS:

Doctor / Clinician name:	**Signature:**	**Date: Time:**

Appendix A2:
Injury-Related
Race Medical Encounter Data (R-MED) Form - Triathlon Sport Events

<EVENT NAME>

Injury-Related Race Medical Encounter Data (R-MED) Form

2. RACE DETAILS <Pre-populate before the event>

<Race name>	Date: dd/mm/ >yyyy	Official start time:	Official finish time:

ENVIROMENTAL CONDITION ON THE RACE DAY
Ambient T° (C°)
Relative Umidity (%)
WBGT index (continuously during the race)

2. LOCATION OF THE MEDICAL FACILITY

☐ Course Q1	☐ Course Q2	☐ Course Q3	☐ Course Q4	☐ At finish	☐ Sweeper bus	☐ Hospital	☐ Other

3. ATHLETE DEMOGRAPHIC DETAILS

Race Number:	Male ☐ Female ☐	Race finisher: YES ☐ NO ☐	

Arrival time at medical facility (hh/mm):

4. ATHLETE MEDICAL HISTORY

4a. Injury history:

Onset of Injury:

☐ Acute	☐ Chronic (pre-existing)	☐ Acute exacerbation of chronic injury

Mechanism of Injury:

☐ Traumatic - contact with another athlete	☐ Traumatic – contact with moving object	☐ Traumatic – contact with immobile object
☐ Traumatic non-contact	☐ Overuse injury	☐ Other

Factors Contributing to the mechanism of injury:

☐ Violation of rules	☐ Weather conditions	☐ Equipment failure
☐ Course / field of play conditions	☐ Fatigue	☐ Psychological

☐ Other:

4b. Presenting complaint:

☐ Pain	☐ Loss of function	☐ Swelling	☐ Confusion
☐ Unresponsive (coma)	☐ Head/neck injury	☐ Chest/trunk injury	☐ Upper limb injury
☐ Spine/back injury	☐ Hip/pelvis injury	☐ Lower limb injury	☐ Chest/Abdominal injury
☐ Injury to multiple anatomical areas:		☐ Other injury:	

Additional clinical notes:

5. CLINICAL EXAMINATION

5.1. Mental status (APVU):	☐ Alert	☐ Responds to voice	☐ Responds to pain	☐ Unresponsive
5.2. Glasgow Coma Scale: /15	Eye: /4	Verbal: /5	Motor: /6	
5.3. Hydration	☐ Dry mouth (mucosa)	☐ Oedema (swollen periphery)	☐ Poor skin turgor	
Fluid intake during race (ml):	Pre-race weight (kg):	Post-race weight (kg):	% Body weight change: %	

5.4. Vital signs

Time of measurement	Pulse	BP Systolic/diastolic)	Respiratory rate	% Sats	Other
Admission					

5.5. Other clinical findings:

6. ORDERS / RECOMMENDED INVESTIGATIONS			
☐ Admit to ICU/resuscitation (medical tent or hospital)		☐ Admit to medical tent	
☐ Splint / brace	☐ Warming	☐ Wound care	☐ Other:
☐ Lab tests (Ultrasound)	☐ Lab tests (Radiology – X Rays)	☐ Lab tests (MRI scan)	☐ Lab tests (CT scan)
7. LABORATORY RESULTS			
Clinical notes:			
8. TREATMENT			
8.1. Wound care	☐ Wound dressing	☐ Suture laceration	Other:
8.2. Fluids-IVI (litres):	ml over min	Start time:	End time:
8.2. Medication			
Type:	Dosage:	Route (po/IM/IV):	Time (given):
Type:	Dosage:	Route (po/IM/IV):	Time (given):
8.3. Other treatment:			
9. PRE-DISCHARGE ASSESSMENT:			
Conscious/orientated YES ☐; No ☐; N/A ☐	Ambulatory YES ☐; No ☐; N/A ☐	Asymptomatic YES ☐; No ☐; N/A ☐	Passed urine: YES ☐; No ☐; N/A ☐
10. FINAL DIAGNOSIS OF IINJURY-RELATED MEDICAL ENCOUNTER			
Main anatomical area			
Head injury ☐	Neck injury ☐	Shoulder injury ☐	Upper arm injury ☐
Elbow injury ☐	Forearm injury ☐	Chest injury ☐	Trunk / abdominal injury ☐
Lumbar spine injury ☐	Pelvis / buttock injury ☐	Hip / groin injury ☐	Thigh injury ☐
Knee injury ☐	Lower leg injury ☐	Ankle injury ☐	Foot injury ☐
Injury location unspecified or crossing anatomical boundaries:			
Final diagnosis / injury type:			
12. INJIURY-RELATED MEDICAL ENCOUNTER SEVERITY:			
Minor encounter ☐	Moderate encounter ☐	Serious / life threatening encounter ☐	
Sudden cardiac arrest (SCA) ☐	Sudden cardiac death (SCD) ☐	Non-cardiac sudden death ☐	
12. DISCHARGE INFORMATION:			
☐ Discharged	☐ Hospital transfer	☐ Follow-up care needed	☐ Refusal of care
☐ Follow up call by race medical team needed YES ☐ NO ☐		☐ Other special instruction:	
13. TRANSPORT INFORMATION		**Authorized by: Dr**	
Hospital name:		Transported by:	
Receiving doctor:		Receiving doctor's contact details:	
Family / Next of Kin notified: YES ☐ NO ☐		Who was notified?	
14. ADDITIONAL CLINICAL NOTES:			
15: DOCTOR / CLINICIAN DETAILS:			
Doctor's / Clinician Name:	**Signature:**	**Date:** **Time:**	