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| **Medical Summary: Falls & Injuries** | | | | | | |
| Event Name | |  | | | | |
| Event Venue / Location | |  | | | | |
| Date of Event | |  | | | |  |
| Senior Medical Officers Name *(Full)* | |  | | | | |
| Senior Medical Officers Mobile | |  | | Email |  | |
|  | | | | | | |
| **Rider’s Nos** | **Rider’s Name (Full)** | | **Injury Category & any other information**  ***(None/Minor/Serious)*** | | | **Concussion Test Result**  **Passed/Failed/Suspected** |
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NOTES

Injury Categories: Please classify injuries according to the categories and information below:

* None: No recorded injury
* Minor Injury: one or more of the following injuries: sprains, bruises, and cuts judged not to be severe, treated on site
* Serious Injury: transferred to hospital for one or more of the following injuries: fractures, internal injury, severe cuts or lacerations, crushing, head injury

NB: In the case of a fatal Injury, the Eventing Manager (Eliza Johns) 021 734 829) MUST be informed as soon as possible.

Concussion Test: All riders who have a fall must report to the medical team (medics) at the events and a concussion assessment tests MUST be conducted. No rider who has had a fall can ride another subsequent horse at the event in any class until they have been checked by the medical team and have passed the concussion assessment test.