



CONFIDENTIAL WHEN COMPLETED

RACE / EVENT MEDICAL RETURN FORM

EVENT NAME	LICENCE No
EVENT DATE	REGION
EVENT DISTANCE	START TIME
COURSE LOCATION	
PROMOTING BODY	

APPROXIMATE NUMBER OF ENTRIES	TOTAL:	MEN:	WOMEN:
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WAS A SPECIFIC LEVEL OF MEDICAL COVER ADVERTISED ? <small>(see accompanying sheets for details)</small>	Y / N	IF YES	LEVEL 1 / LEVEL 2 / LEVEL 3 <small>Please circle level advertised</small>
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PROMOTERS PLEASE NOTE:

A COMPLETED COPY OF THIS FORM SHOULD BE RETURNED TO THE LICENCE ISSUING BODY AT THE SAME TIME AS THE RACE PROMOTERS RETURNS FORM (N.B: within 1 month of the actual race)

WHERE DEATH HAS OCCURRED, OR OTHER INCIDENT (MEDICAL OR OTHERWISE) TAKEN PLACE THAT COULD LEAD TO AN INSURANCE CLAIM, A UKA ACCIDENT REPORT FORM MUST BE COMPLETED AND THE INSURANCE BROKERS CONTACTED AS SOON AS POSSIBLE AFTER THE EVENT (for report forms email information@ukathletics.org.uk)

MEDICAL RETURN (ideally this should be completed by the Race Medical Officer / Lead Clinician / Lead First Aider)

WEATHER (please circle)

Temperature:	very cold / cold / warm / hot / very hot	Sunny / overcast / light rain / heavy rain
Wind:	Light / medium / strong / very strong	Other <small>(please specify)</small> :

NUMBER OF INCIDENTS REQUIRING MEDICAL / FIRST AID INTERVENTION	Total <small>only include competitors</small>	Breakdown by Sex and Age (if known)					
		Male			Female		
		Under 20	20 - 39	40 & over	Under 20	20 - 39	40 & over
Defibrillated							
Hospitalisation							
Death							
Total							

MEDICAL PROVISION (ACTUAL ON DAY)

Doctors No:	Nurses No:	Ambulances No:
Paramedics No:	Physios No:	Defibrillators No:
First Aiders No:	Organisation:	Contact Tel. No:
Other		

Race Medical Officer / Lead Clinician	Contact Tel. No.
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COMMENTS / FURTHER INFORMATION