

## HEAD CONCUSSION RETURN TO RACING FORM.

## TO BE COMPLETED BY A RECOGNISED CONCUSSION CLINIC OR THE DOCTOR WHO UNDERTOOK THE MOST RECENT MEDICAL EXAMINATION ON FILE

Competitor Name:			Licence No:		
Competitor sustained a Head Injury whilst racing on this date					
2. The nature of the head injury was as follows:					
3. Co	mpetitor was unconscious at the track	YES	NO	(circle one)	
4. Co	mpetitor was taken to Hospital.	YES	NO	(circle one)	
5. A D	Diagnosis was made and stand-down issued	YES	NO	(circle one)	
In order for the driver to return to speedway competition, a Medical Clearance is required, please:					
	Undertake a complete Neurological Examination and document this for your records.				
	Organise any test/s, investigations, referral or treatment which you deem necessary.				
	Complete the Declaration below and keep a cop	omplete the Declaration below and keep a copy for your records.			
Has the competitor had their concussion base line test checked (if application)				(if applicable)?	
	Give this completed Head Concussion Return to Racing Form to the competitor.				
Declaration of Fitness to Return to Speedway Racing					
I have examined					
having taken into account the nature, severity and circumstances of their recent head injury, declare					
them to be medically fit to return to speedway competition as of/					
	DOCTOR'S OFFICIAL STAMP DOCTOR'S PROV	VIDER	Name:		
	NUMBER		Signed:		

## **HEAD CONCUSSION RETURN TO RACING FORM – IMPORTANT INFORMATION**

In order for the competitor to be able to return to racing, this form must be fully completed and emailed to <u>admin@speedwayaustralia.net.au</u> or faxed to 08 8363 7977. If approved, the licence suspension will then be removed.

REMINDER: A 6 month stand-down applies for submitting falsified information