



ENDURO VINTAGE TROPHY 2024

RIDER HEALTH FORM

SURNAME	NAME	RACE NUMBER
DATE OF BIRTH	TELEPHONE	
PLACE OF BIRTH	E-MAIL	
NATIONALITY	LICENSE NUMBER	
PLACE OF RESIDENCE	TEAM MEMBERSHIP	

MEDICAL AND SURGICAL HISTORY
ALLERGIES AND INTOLERANCES
CARDIOCIRCULATORY SYSTEM
RESPIRATORY SYSTEM
MUSCULOSKELETAL SYSTEM
URINARY AND GENITAL SYSTEM
HEAD AND NECK (VISION AND HEARING)
OTHER ABDOMINAL ORGANS
OTHER

PHARMACOLOGICAL HISTORY		
DRUG	DOSAGE	ALLERGIES

DECLARATION OF CONSENT TO THE PROCESSING OF SENSITIVE DATA

In compliance with art. 13 of Legislative Decree 196/2003 I consent to the processing of my personal data

DATE	SIGNATURE
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ENDURO VINTAGE TROPHY 2024



FIRST AID FORM

NAME	SURNAME	RACE NUMBER
DATE OF BIRTH	NATIONALITY	SEX
PLACE OF BIRTH	PLACE OF RESIDENCE	AGE
TEAM MEMBERSHIP	EVENT DATE	MSA (B)
SUPPORTER	EVENT TIME	MSB (C)
SPECTATOR	EVENT LOCATION	MEDICAL BYKE (A)
OTHER	EVENT TYPE	PMA
		ELICOPTER

PARAMETERS			
RESPIRATORY RATE	HEART RATE	BLOOD PRESSURE	OS ²

CONSCIOUSNESS (AVPU)	PUPILS	SKIN	POSITION
ALERT	NORMAL	NORMAL	WALKING
ANSWERS THE CALL	ANISOCORIC	SWEATY	SITTING
ANSWERS THE PAIN	MIOTIC	PALE	LYING
NO ANSWER	MYDRIATIC	CYANOTIC	ANTISHOCK

TYPE LESIONS: T (TRAUMA); FR (FRACTURE); WO (WOUND); E (EXCORIATION); B (BURN); HE (HEMATOMA)							
UPPER LIMB	DX	SN	LOWER LIMB	DX	SN	SPINE	OTHERS REGIONS
CLAVICLE			PELVIS			CERVICAL	THORAX
SHOULDER			HIP			THORACIC	ABDOMEN
SCAPULA			FEMUR			LUMBAR	SKULL
HOMER			KNEE			SACRED BONE	FACE
RADIO			TIBIA			COCCYX	EYES
ULNA			FIBULA			NOTES	
WRIST			ANCELE				
ELBOW			FOOT				
HAND			HEEL				
FINGER (N°.....)			FINGER (N°.....)				

MANEUVERS PERFORMED	INFUSIONS	DRUGS ADMINISTERED

PARAMETERS			
RESPIRATORY RATE	HEART RATE	BLOOD PRESSURE	OS ²

CONSCIOUSNESS (AVPU)	PUPILS	SKIN	POSITION
ALERT ANSWERS THE CALL ANSWERS THE PAIN NO ANSWER	NORMAL ANISOCORIC MIOTIC MYDRIATIC	NORMAL SWEATY PALE CYANOTIC	WALKING SITTING LYING ANTISHOCK

TRANSPORT	
AMP HOSPITAL NO ONE (RESUMES RACE) REFUSE TRANSPORT	HELICOPTER MSA (B) MSB (C) RENDEZ VOUS WITH 118
HOSPITAL NOTIFIED AT BY DR.	HOSPITAL ARRIVAL AT TRANSPORT MANAGER

DECLARATION OF REFUSAL OF TREATMENT

I, the undersigned..... having been informed by Dr.....
of my health conditions and the need to be rescued and/or transported to the hospital, as well as the
future risks in case of my refusal, in full possession of my mental faculties, i refuse rescue and/or
transport to the recommended hospital.

Place and date.....

Signature.....

RESCUER'S SIGNATURE	TELEPHONE NUMBER

