



Fédération Internationale de Motocyclisme
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**CIRCUIT CMO QUESTIONNAIRE
ENDURO
(Form to be used by CMO)**

**The following questionnaire is to be completed
prior to the event with**

- a) A map of the circuit/ posts indicating the medical services
- b) Written confirmation that the hospitals are aware of the time of practice and racing and returned to the FIM 2 months and that injured riders will be treated with minimum delay

This form must also be given to the FIM Medical Inspector at the time of the inspection

Discipline **IMN No.**

Circuit **Date**

Country

CHIEF MEDICAL OFFICER

Lic. N°

Discipline

IMN No.

1) Are all medical services under the control of the Chief Medical Officer

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

2) Total personnel

(please fill in the number)

Doctor (including CMO)
Nurse
Paramedic or equivalent
Other Medical personnel
Stretcher bearer
Driver
Other (e.g.Pilot)
Total

0 Thursday
 1 Friday
 2 Saturday
 3 Sunday
 4 Monday

day	0	1	2	3	3	4
number						

3a) **Vehicles Type A1 = Medical Intervention Vehicle**

Number

Do positions conform to map of circuit/ posts?

Doctor as per Medical Code

Second doctor, paramedic or equivalent as per Medical Code

Driver as per Medical Code

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

3b) **Vehicles Type A2 = Medical Intervention Vehicle**

Number

Do positions conform to map of circuit/ posts?

Doctor as per Medical Code

Nurse, paramedic or equivalent as per Medical Code

Driver as per Medical Code

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

3c) **Medical equipment**

Portable oxygen supply

Manual ventilator

Intubation equipment

Suction equipment

Intravenous infusion equipment

Equipment to immobilise limbs and spine (including cervical spine)

Sterile dressings

ECG monitor and defibrillator

Drugs for resuscitation and analgesia/IV fluids

Sphygmomanometer and stethoscope

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Discipline

IMN No.

3d) Technical equipment

Radio communication with Race Control and CMO
Visible and audible signals
Equipment to remove suits and helmets

YES

NO

3e) Type of vehicle

Quad Bike
Ambulance Car
other

3f) Other equipment

Protective canvas / Tarpaulins

YES

NO

4a) Vehicles Type B1

Number

Do positions conform to map of circuit/ posts?
Doctor as per Medical Code
Personnel as per Medical Code

YES

NO

4b) Vehicles Type B2

Number

Do positions conform to map of circuit/ posts?
Doctor as per Medical Code
Personnel as per Medical Code

4c) Medical equipment

Portable oxygen supply
Manual and automatic ventilator
Intubation equipment
Suction equipment
Intravenous infusion equipment
Equipment to immobilise limbs and spine
(including cervical spine)
Sterile dressings
Thoracic drainage equipment
Tracheostomy equipment
Sphygmomanometer and stethoscope
Stretcher
Scoop stretcher
ECG monitor and defibrillator
Pulse oximeter
Drugs for resuscitation and analgesia/ IV fluids

Discipline

IMN No.

4d) Technical equipment

- Radio communication with Race Control and CMO
- Visible and audible signals
- Equipment to remove suits and helmets
- Air conditioning and refrigerator (recommended)

YES

NO

Type of vehicle

5a) Vehicles Type C

Number

- Do positions conform to map of circuit/ posts?
- Personnel as per Medical Code

YES

NO

5b) Medical equipment

- Stretcher
- Oxygen supply
- Equipment to immobilise limbs and spine
- First Aid medicaments and materials

5c) Technical equipment

- Radio communication
- Visible and audible signals

5d) Type of vehicle

5e) Personnel

- Doctor, nurse, paramedic or equivalent experienced in emergency care
- Stretcher bearer

YES

NO

5f) Medical Equipment

- Equipment for initiating resuscitation and emergency treatment
- Cervical collar
- Scoop stretcher

5g) Technical equipment

- Radio communication with Race Control and CMO

6) Vehicles for transport to hospital

Number

7) Clothing of medical personnel as per Medical Code

- Doctor
- Paramedics or equivalent

Discipline

IMN No.

8) Hospitals :

Type of hospital	Name of Hospital	Time to Hospital		Distance km
		Road	Air	
		min	min	
a) Local hospital		<input type="text"/>	<input type="text"/>	<input type="text"/>
b) General Surgery		<input type="text"/>	<input type="text"/>	<input type="text"/>
c) Orthopaedic/Trauma		<input type="text"/>	<input type="text"/>	<input type="text"/>
d) Neurosurgery		<input type="text"/>	<input type="text"/>	<input type="text"/>
e) Spinal Injuries		<input type="text"/>	<input type="text"/>	<input type="text"/>
f) Cardio/Thoracic Surgery		<input type="text"/>	<input type="text"/>	<input type="text"/>
g) Burns/Plastic Surgery		<input type="text"/>	<input type="text"/>	<input type="text"/>
h) Vascular Surgery		<input type="text"/>	<input type="text"/>	<input type="text"/>
i) Micro Surgery		<input type="text"/>	<input type="text"/>	<input type="text"/>

9) A route map to the hospitals is enclosed

YES NO

10) Trackside positions of Doctors

Please enter for every doctor (CMO,2,3,...) where he/she will be stationed. Remember to enter only one x in each column (except where is an asterix (Type A1 and B1), please enter the post n°)

Doctor (number)	CMO	1	2	3	4	5	6	7	8	9	10
Race Control											
other place											
Type A1*											
Type B1*											

Discipline

IMN No.

YES	NO
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11) The CIRCUIT CMO QUESTIONNAIRE has been completed by the CMO

<input type="checkbox"/>	<input type="checkbox"/>
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Remarks:

Date of completion :

CMO signature: