

**ACCIDENT REPORT FORM for 2026:**

This form is to be completed for Competitors / Team members & Officials involved in an accident at an MSA event and submitted to MSA and the Race Secretary at the end of each event. Every accident is to be recorded, irrespective of whether the competitor was seen by medical staff in attendance or not; and irrespective of whether any apparent injuries were sustained or detected.

**Please ensure all fields are completed in full for record purposes**

**Competitors who refuse medical attention should be declared as Unfit for the remainder of the day and for subsequent race meetings**

**Documentation to be submitted together with this form: Patient Report Forms, Competitor Self-Discharge forms and Special Medical Examination forms**

**All above documentation to be forwarded by the CMC and/or Race Secretary to MSA by no later than 12h00 on the Tuesday after the event**

Event Venue / Name:	Medical Service Provider:
Event Club / Organizer:	CMO / CMC Name:
Event Region:	CMO / CMC Contact Details (i.e. CELL NO. & EMAIL ADDRESS)
Event Dates:	
Event Category: <b>INTERNATIONAL / NATIONAL / REGIONAL / CLUB</b>	CMO / CMC HPCSA No:
Event Race Secretary & Contact Details (i.e. CELL NO. & EMAIL ADDRESS)	

<b>P.E.</b>	<b>= Part of event</b>	<b>Disposal</b>	<b>Transport</b>	<b>Hospital Admission</b>	<b>Fit / Unfit</b>	<b>Priority</b>			
P	= Practice	R = Released	C = Car	Y = Yes (>12 hours)	F = Fit	0 = Not injured	3 = P3 (Minor)		
Q	= Qualifying	H = Hospital	A = Ambulance	N = No (<12hours)	U = Unfit	1 = P1 (Serious)	4 = P4 (Fatal)		
R	= Race		H = Helicopter			2 = P2 (Moderate)	5 = Refused Rx		

<b>P.E.</b>	<b>Name</b>	<b>Surname</b>	<b>ID number</b>	<b>MSA Licence Number</b>	<b>Gender</b>	<b>Suspected Diagnosis</b>	<b>Priority</b>	<b>Disposal</b>	<b>Transport</b>	<b>Hospital Admission</b>	<b>Fit / Unfit</b>
					<b>M / F</b>	<i>Left/Right; Anat.region &amp; Type of injury</i>					
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

**CMO / CMC****SIGNATURE:** \_\_\_\_\_ **PRINT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_**RACE SECRETARY****SIGNATURE:** \_\_\_\_\_ **PRINT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_**CLERK OF THE COURSE****SIGNATURE:** \_\_\_\_\_ **PRINT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_