



Competition Medical Guidelines for World Athletics Series Events

Appendix A
Medical encounter forms
October 2020 – Second Edition



Illness-Related Race Medical Encounter Data (R-MED) Form

Endurance Sport Events –

1. Race Details: <Pre-populate before the event>

Race name: _____ Date: _____ Official start time: _____ Official finish time: _____

2. Location Of The Medical Facility:

Course Q1 Course Q2 Course Q3 Course Q4 At finish Sweeper bus Hospital Other

3. Athlete Demographic Details: Race Number:

Male Female Race finisher: Yes No Arrival time at medical facility (hh/mm): _____

4. Athlete Illness-Related Medical History:

4a. Pre-Race History:

Did the athlete suffer from any pre-race acute illness/symptoms (gastro/acute illness or infective illness)? Yes No

Details of pre-race illness or injury (Type): URT symptoms with no systemic symptoms URT symptoms with systemic symptoms

LRT symptoms Nausea/vomiting and diarrhoea Nausea only Nausea and vomiting Diarrhoea Other infective illness

Other pre-race illness _____

Onset of pre-race illness: Race day 1 day before 2-7 days before 8-14 days before > 15days before

Analgesics/NSAIDs use 0-24 hours before the race? Yes No

Analgesics/NSAIDs use during the race? Yes No

Prescription medication use (list please): Yes No

Reason for medication use: _____

4b. Presenting Complaint:

Collapse (pre-finish) Collapse (post-finish) Confused Muscle cramps (localized) Chest pain Palpitations

Fatigue/exhaustion Muscle cramps (systemic) Abdominal cramps/pain Diarrhoea Nausea/vomiting Seizure

Headache Hot (suspected hyperthermia) Cold (suspected hypothermia) Difficulty breathing Wheeze Coughing

Skin (chafing/blisters) Skin (cut/laceration) Skin (other) Musculoskeletal (head/neck) Musculoskeletal (chest/trunk)

Musculoskeletal (upper limb) Musculoskeletal (spine/back) Musculoskeletal (hip/pelvis) Musculoskeletal (lower limb)

Deep Chest/Abdominal trauma Other: _____

Additional clinical notes: _____

5. Clinical Examination:

5.1. Mental status (APVU): Alert Responds to voice Responds to pain Unresponsive

5.2. Glasgow Coma Scale: /15 Eye: /4 Verbal: /5 Motor: /6

5.3. Hydration: Normal (clinically) Dry mouth (mucosa) Oedema (swollen periphery) Poor skin turgor

Fluid intake during race (ml): Pre-race weight (kg): Post-race weight (kg): % Weight change: %

5.4. Vital signs

Time of measurement	Pulse	BP Systolic/diastolic)	Core Temp	% Sats	Glucose	Other
Admission						

5.5. Other clinical findings: _____

6. Orders/Investigations:

Admit to ICU/resuscitation (medical tent or hospital) Admit medical tent for treatment Elevate legs Fluids (Oral)
Fluids (IV) Cooling Warming Wound care Other:
Lab tests (glucose) Lab tests (sodium) Lab tests (potassium) Lab tests (urea/creat) Lab tests (blood gas)
Lab tests (Hct/Hb) Lab tests (ECG) Lab tests (Ultrasound) Lab tests (Other):

7. Laboratory/Investigation Results (Attach):

Lab tests (glucose) Lab tests (sodium) Lab tests (potassium) Lab tests (urea/creat) Lab tests (blood gas)
Lab tests (Hct/Hb) Lab tests (ECG) Lab tests (Ultrasound) Lab tests (Other)

8. Treatment:

8.1. Fluids

Oral Fluid (volume ml): Type: Water Sports drink Hypertonic saline Other:
IV Fluid (volume ml): Type: Rate: ml over min Start time: End time:

8.2. Medication

Type: Dosage: Route (po/IM/IV): Time (given):
Type: Dosage: Route (po/IM/IV): Time (given):

8.3. Other treatment:

9. Pre-Discharge Assessment:

Conscious/orientated Yes No N/A Ambulatory Yes No N/A
Asymptomatic Yes No N/A Passed urine: Yes No N/A

10. Final Diagnosis Of Illness-Related Medical Encounter:

Main organ system: Multiple organs Cardiovascular system Respiratory/ENT system Central nervous system
Rheumatological system Gastrointestinal system Genitourinary system Haematology/Nutrition Endocrine/Metabolic
Dermatological system Ophthalmological system Dental illness Psychological/Psychiatric Tumour/malignancy
Drug use/Overdose Other medical illness

Final diagnosis/illness type (Enter code from Table):

11. Illness-Related Medical Encounter Severity:

Minor encounter Moderate encounter Serious/life threatening encounter
Sudden cardiac arrest (SCA) Sudden cardiac death (SCD) Non-cardiac sudden death

12. Discharge Information:

Discharged Hospital transfer Follow-up care needed Refusal of care
Follow up call by race medical team needed Yes No Other special instruction:

13. Transport Information:

Authorized by: Dr Hospital name:
Transported by: Receiving doctor:
Receiving doctor's contact details:
Family/Next of Kin notified: Yes No Who was notified?

14. Additional Clinical Notes:

15: Doctor/Clinician Details:

Doctor/Clinician name: Signature:
Date: Time:

Injury-Related Race Medical Encounter Data (R-MED) Form

Endurance Sport Events –

1. Race Details: <Pre-populate before the event>

Race name: _____ Date: _____ Official start time: _____ Official finish time: _____

2. Location Of The Medical Facility:

Course Q1 Course Q2 Course Q3 Course Q4 At finish Sweeper bus Hospital Other

3. Athlete Demographic Details: Race Number:

Male Female Race finisher: Yes No Arrival time at medical facility (hh/mm): _____

4. Athlete Medical History:

4a. Injury History:

Onset of Injury: Acute Chronic (pre-existing) Acute exacerbation of chronic injury

Mechanism of Injury: Traumatic – contact with another athlete Traumatic – contact with moving object

 Traumatic – contact with immobile object Traumatic non-contact Overuse injury Other

Factors Contributing to the mechanism of injury: Violation of rules Weather conditions Equipment failure

 Course/field of play conditions Fatigue Psychological Other:

4b. Presenting Complaint:

Pain Loss of function Swelling Confusion Unresponsive (coma) Head/neck injury Chest injury Trunk injury

Upper limb injury Spine/back injury Hip/pelvis injury Lower limb injury Abdominal injury

Injury multiple anatomical areas:

Other injury:

Additional clinical notes:

5. Clinical Examination:

5.1. Mental status (APVU): Alert Responds to voice Responds to pain Unresponsive

5.2. Glasgow Coma Scale: /15 Eye: /4 Verbal: /5 Motor: /6

5.3. Hydration: Normal (clinically) Dry mouth (mucosa) Oedema (swollen periphery) Poor skin turgor

Fluid intake during race (ml): Pre-race weight (kg): Post-race weight (kg): % Weight change: %

5.4. Vital signs

Time of measurement	Pulse	BP Systolic/diastolic)	Core Temp	% Sats	Glucose	Other
Admission						

5.5. Other clinical findings:

6. Orders/Recommended Investigations:

Admit to ICU/resuscitation (medical tent or hospital) Admit medical tent for treatment Splint/brace Warming

Wound care Other:

Lab tests (Ultrasound) Lab tests (Radiology – X Rays) Lab tests (MRI scan) Lab tests (CT scan)



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6-8, Quai Antoine 1er, BP 359
MC 98007 Monaco Cedex