



WATERLOO REGIONAL KART CLUB RETURN TO RACING FORM

Name of Racer: _____

is able to return to racing following injuries sustained on

Date: _____

Considerations /restrictions with respect to return to racing:

Name of Treating Physician: _____

Address: _____

Phone Number: _____

Date: _____ Signature of Physician _____

This information is strictly confidential and will only be used to assist in the driver's safe return to Racing at WRKC.

All records will be returned to the Driver upon acceptance of Safety and Race Director.

Disclaimer: Personal information used, disclosed, secured or retained will be held solely for the purposes for which we collected it and in accordance with the National Privacy Principles contained in the Personal Information Protection and Electronic Documents Act.

Table 1

Three Main Groups of Trauma Mechanisms and Related Injuries when the Return Form will be required:

Trauma Mechanism	Injury Type	Specific Injury
Direct trauma	Fracture, contusion, abrasion, laceration, burn wound, Concussion	Calcaneal or ankle fracture caused by pedals; humeral, shoulder, or clavicular fracture after side impact; wrist or hand fracture by steering wheel or another object
HET deceleration trauma	Blunt abdominal or thoracic trauma, compression injury to the lower extremity	Rib fracture, lung contusion, pneumothorax, fladder thorax, core contusion, diaphragm rupture; rupture or contusion of spleen, liver, gal bladder, pancreas, kidney, or intestines; fracture or luxation of foot, lower limb, hip, or pelvis
Acceleration/deceleration	Flexion/extension injury	Compression fracture of the spine, whiplash, injury of the carotid or vertebral arteries

HET, High Energetic Trauma.