MEDICAL EXAMINATION FORM APPENDIX B

(To be completed by doctor with reference to the FIM Medical Code, Art. 09.1.1 Guidelines for the examing doctor)

Personal Data:

Name:			First name:	Date of birth	
Address:					
Sex:	male	female		FMN:	

Normal				Abnormal	Details (if abnormal)
	Cardio-vascular system				
	***Excercise tolerance ECG**				
	***Echocardiography**				
	Blood pressure				
	Pulse				
	Respiratory system				
	Nervous system	central			
		peripheral			
	Ear, nose and throat, in particular vestibulo-cochlear apparatus		right		
			left		
	Locomotor-system	arm	right		
			left		
		leg	right		
			left		
		spine			
	Abdomen (hernia)				
	Urine	Albumen			
		Glucose			
	Eyes:	Distant vision			
		without	right		
		correction	left		
		with	right		
		correction	left		
		color vision			
		visual field			

* In addition to the medical examination, an applicant for any licence in FIM Cross-Country Rallies WC must undergo and pass successfully an echocardiogram once in his lifetime prior to the issuing of the licence. An exercise tolerance electrocardiogram must be conducted and successfully passed with this echocardiogram and is then required every three years.

Except in Trial an exercise tolerance electrocardiogram is required for riders aged 50 years and over.

- [ ] I, the undersigned, certify that I am this person/rider's medical practitioner and familiar with his/her medical history.
- [ ] I, the undersgined, certify that I know and am familiar with the WADA list of prohibited substances and prohibited methods
- [ ] I, the undersigned, certify that I have not prescribed any prohibited substances and/or prohibited methods to this person
- [ ] I, the undersigned, certify that I have prescribed prohibited substance(s) and/or prohibied method(s) to this person, providing that a TUE was agreed by the FIM and/or that no alternative treatment with authorised substance(s) was possible
- [ ] I, the undersigned, certify that this person is medically FIT to take part in motorcycle events
- [ ] I, the undersigned, certify that this person is medically NOT FIT to take part in motorcycle events
- [ ] I recommend that this person be examined by a member of the medical commission of his/her FMN or doctor appointed by the FMN and of the FIM, if necessary.

Date of examination Signature and stamp of Doctor