

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)

	sonal Da	ata:						
Nar					First name:		Date of birth	
	dress:		fo.m ! -	1			I EMAIL	
Sex	C. I	male	female	<u> </u>	ल		FMN:	ļ
Normal					Abnormal	Details (if abnormal)		
	Cardio-vascular system							
*Excercise tolerance ECG								
*Echocardiography								
	lnia a di		_					
	Blood pressure Pulse							
Respiratory system								
	_							
	Nervou	s	central					
	system	1						
	peripheral							
	Far no	ea and	throat,	right				
			unoai, estibulo		ш			
	cochle			left				
	•							
	Locom		arm	right				
	systen	1		left				
	1		leg	right				
	1		ieg	left				
			spine					
	1							
	Abdom	en (her	nia)					
	Urine		Albume	n	\Box			
	Sinie		Glucose					
	Eyes:	Distant						
]	withou	t	right				
		correct	tion	left				
		with		right				
		correct		left				
		color v						
	j	visuai	ileiu		Ш			
mu: of tl	st under he licend	go and _l e.	pass suc An exer	ccessfu	ılly ar lerand	n, an applicant for any licence in FIM nechocardiogram once in his lifetime ce electrocardiogram must be conductory three years.	prior to the issu	ing
Exc	ept in Ti	rial an e	xercise	toleran	ce ele	ectrocardiogram is required for riders	aged 50 years	and over.
	l the ur	ndersiar	ned cert	ify that	lam	this person/rider's medical practition	er and familiar	
	4	-	dical his	-	· am	porconfinaci e medicai praetition	o. and rumman	
					I kno	ow and am familiar with the WADA lis	st of prohibited s	ubstances
	and prohibited methods							
	I, the undersigned, certify that I have not prescribed any prohibited substances and/or prohibited							
	-		s persor		l ba:	ro proporihad prohibited substant (-)	\ ond/or =====!-!-!-	d mother=1/2\ +-
						re prescribed prohibited substance(s) ras agreed by the FIM and/or that no		
	•		_			•	anomanve neat	mont
	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							
						camined by a member of the medical	commission of	his/her FMN
	or docto	or appoi	nted by	the FM	IN an	d of the FIM, if necessary.		