

09.1.1 Guidelines for the examining doctor

(To be issued with the Medical History [Appendix A], and Medical Examination [Appendix B] Forms).

The examination should be performed by a doctor familiar with the applicant's medical history. The examining doctor must be aware that the person to be examined is applying for a licence to participate in motorcycle events. The purpose of the examination is to determine whether the applicant is physically and mentally fit to control a motorcycle in order to ensure the safety of other riders, officials and spectators during an event, having regard to the type of event for which the rider is applying.

Certain disabilities exclude the granting of a licence.

Limbs

The applicants should have sufficient function of their limbs to permit full control of their machine during events. In the case of loss or functional impairment of all or part of a limb or limbs the applicant may be referred for the opinion of the medical commission of his FMN.

Eyesight

The minimum corrected visual acuity must be 6/6 [10/10] with both eyes open together. The minimum binocular field should measure at least 120 degrees along the horizontal meridian with no defects within the central 20 degrees.

Spectacles, if required, should be fitted with shatterproof lenses and contact lenses, if worn, should be of the "soft" variety.

A person who suddenly loses sight in one eye will not be allowed to hold a licence for a minimum of three years have elapsed, except for Trial which would remain as one year, with vision not less than 6/6 [10/10] in the one eye. Satisfactory judgement of distance and wearing double protection when competing would be required for all riders with vision in only one eye.

Double vision is not compatible with the issuing of a competition licence.

The applicant, for any event except Trial, must have normal colour vision, in that they can distinguish the primary colours of red and green. If there is any doubt, a simple practical test is recommended under conditions similar to those of a race.

Hearing and Balance

A licence can be issued to an applicant with impaired hearing but not to an applicant with a disturbance of balance.

A rider with impaired hearing must be accompanied at the riders briefing by a person with normal hearing who can communicate the information either by signing or in writing. The rider must wear a clearly visible tag that identifies him/her as hearing-impaired to the marshals and medical personnel in case of an accident/incident. The rider must also comply with the requirements of Article 09.4.4 of the FIM Medical Code.

Diabetes

In general, it is not considered advisable for diabetics to enter motorcycle events. However, a well-controlled diabetic not subject to hypoglycaemic or hyperglycaemic attacks, and having no neuropathy nor any ophthalmoscopic evidence of vascular complications, may be passed as fit to compete.

Cardio-vascular system

In general, a history of myocardial infarction or serious cardio-vascular disease would normally exclude a rider from speed events. Special attention should be paid to blood pressure and cardiac rhythm disorders. In such cases a certificate from a cardiologist including the results of any test the cardiologist considers necessary, must be submitted with the medical examination form.

Any rider over the age of fifty years must have an exercise tolerance electrocardiogram performed, and the result must be favourable.

Neurological and psychiatric disorders

In general, applicants with a serious neurological or psychiatric disorder will not be granted a licence.

Fits or unexplained attacks of loss of consciousness

A licence will not be issued if the applicant suffers from epilepsy, has suffered a single epileptic fit, or has suffered any episodes of unexplained sudden loss of consciousness.

Alcohol and use of WADA prohibited substances

Applicants with an alcohol problem or use of WADA prohibited substances will not be accepted.

09.1.2 Procedure in case of doubt of medical fitness

The examining doctor may not feel able to approve an applicant on medical grounds. In such a case he should complete the certificate, having ticked the relevant box, sign it, and then send it to the applicant's FMN with his observations, including past history. If necessary, he should request that the applicant be examined by a member of the medical committee of the FMN or a doctor appointed by the FMN.

09.1.3 Cost of medical examination

Any fee arising from the examination or completion of the medical certificate is the responsibility of the applicant.

MEDICAL HISTORY FORM

(to be completed by applicant)



APPENDIX A

Personal Data:

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

| No | | Yes | Details |
|--------------------------|---|--------------------------|---------|
| <input type="checkbox"/> | Loss of consciousness for any reason dizziness or headache | <input type="checkbox"/> | |
| <input type="checkbox"/> | Eye problems (except glasses) | <input type="checkbox"/> | |
| <input type="checkbox"/> | Asthma | <input type="checkbox"/> | |
| <input type="checkbox"/> | Allergy to medicines or drugs | <input type="checkbox"/> | |
| <input type="checkbox"/> | Diabetes | <input type="checkbox"/> | |
| <input type="checkbox"/> | Heart problems | <input type="checkbox"/> | |
| <input type="checkbox"/> | Blood pressure disorder | <input type="checkbox"/> | |
| <input type="checkbox"/> | Stomach problems (ulcer, etc) | <input type="checkbox"/> | |
| <input type="checkbox"/> | Uro-genital problems | <input type="checkbox"/> | |
| <input type="checkbox"/> | Epilepsy or convulsions | <input type="checkbox"/> | |
| <input type="checkbox"/> | Mental or nervous disorder | <input type="checkbox"/> | |
| <input type="checkbox"/> | Problems with arms or legs incl. muscle cramp or joint stiffness | <input type="checkbox"/> | |
| <input type="checkbox"/> | Blood disorder with tendency to bleeding | <input type="checkbox"/> | |
| | Blood group | <input type="checkbox"/> | |
| <input type="checkbox"/> | Operations | <input type="checkbox"/> | |
| <input type="checkbox"/> | Do you take any medicine or drugs regularly? | <input type="checkbox"/> | |

- a. I have not been banned, on medical grounds, from taking part in any other sport.
- b. I do not take drugs and do not abuse alcohol.
- c. In case of an injury I give permission to the Medical Staff to release any relevant information to the Clerk of the Course, my relatives, my own doctor and the FMN.
- d. I declare that the information that I have given is the truth.
- e. I agree to the information on the Medical Examination Form being sent to the doctor of my FMN.

Date

Signature of applicant (or responsible Parent or Guardian if a minor)

MEDICAL EXAMINATION FORM
(To be completed by doctor)



APPENDIX B

Personal Data:

| | | | |
|----------|-----------------------|-------------|---------------|
| Name: | | First name: | Date of birth |
| Address: | | | |
| Sex: | male | female | FMN: |
| Normal | | | Abnormal |
| | Details (if abnormal) | | |

| | | |
|--------------------------|----------------------------|--|
| <input type="checkbox"/> | Cardio-vascular system | |
| <input type="checkbox"/> | *Exercercise tolerance ECG | |
| <input type="checkbox"/> | *Echocardiography | |

| | | |
|--------------------------|--------------------|--|
| <input type="checkbox"/> | Blood pressure | |
| <input type="checkbox"/> | Pulse | |
| <input type="checkbox"/> | Respiratory system | |

| | | | |
|--------------------------|----------------|------------|--------------------------|
| <input type="checkbox"/> | Nervous system | central | <input type="checkbox"/> |
| <input type="checkbox"/> | | peripheral | <input type="checkbox"/> |

| | | | |
|--------------------------|--|-------|--------------------------|
| <input type="checkbox"/> | Ear, nose and throat, in particular vestibulo-cochlear apparatus | right | <input type="checkbox"/> |
| <input type="checkbox"/> | | left | <input type="checkbox"/> |

| | | | | |
|--------------------------|------------------|-------|-------|--------------------------|
| <input type="checkbox"/> | Locomotor-system | arm | right | <input type="checkbox"/> |
| <input type="checkbox"/> | | | left | <input type="checkbox"/> |
| <input type="checkbox"/> | | leg | right | <input type="checkbox"/> |
| <input type="checkbox"/> | | | left | <input type="checkbox"/> |
| <input type="checkbox"/> | | spine | | <input type="checkbox"/> |

| | | |
|--------------------------|------------------|--------------------------|
| <input type="checkbox"/> | Abdomen (hernia) | <input type="checkbox"/> |
|--------------------------|------------------|--------------------------|

| | | | |
|--------------------------|-------|---------|--------------------------|
| <input type="checkbox"/> | Urine | Albumen | <input type="checkbox"/> |
| <input type="checkbox"/> | | Glucose | <input type="checkbox"/> |

| | | | |
|--------------------------|-------|--------------------|--------------------------------|
| <input type="checkbox"/> | Eyes: | Distant vision | |
| <input type="checkbox"/> | | without correction | right <input type="checkbox"/> |
| <input type="checkbox"/> | | | left <input type="checkbox"/> |
| <input type="checkbox"/> | | with correction | right <input type="checkbox"/> |
| <input type="checkbox"/> | | | left <input type="checkbox"/> |
| <input type="checkbox"/> | | color vision | <input type="checkbox"/> |
| <input type="checkbox"/> | | visual field | <input type="checkbox"/> |

*** In addition to the medical examination, an applicant for any licence in Cross-Country Rallies (World Championship, FIM Prize, international events) 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.**

- 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 Committee of the FMN, or doctor appointed by the FMN.

Date of examination

Signature and stamp of Doctor