MEDICAL HISTORY FORM

(to be completed by applicant)

Personal Data:

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

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

If you you take any medicine or drugs regularly, please list below the medicine or drugs:

a. I have not been banned, on medical grounds, from taking part in any other sport.
b. I do not take any prohibited substances and/or methods as per the WADA list and do not abuse alcohol.
c. In case of an injury and/or illness I give permission to the Medical Staff of the event to release any relevant information **to my next-of-kin and team manager.**
d. I will immediately inform the relevant FIM Medical Officer /FIM SBK Medical Director/FIM Medical Director/ Representative and the CMO of any changes in my health through illness or injury that may adversely affect my ability to ride or compete
e. I declare that the information that I have given is the truth.
f. 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)

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-** right	☐	
☐	**cochlear apparatus** left	☐	
☐	**Locomotor-** arm right	☐	
	system 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, know of no medical reasons why this person cannot operate a motorcycle**

☐ 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