# **APPENDIX A**

| Personal Data:  | First name:                | Date of bi           | rth                             |
|---|----------------------------|----------------------|---------------------------------|
| ddress:   |                            |                      |                                 |
| exmale [female]   |                            | FMN:                 |                                 |
| 0   | 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?   |                            |                      |                                 |
| you you take any medicine or drug   | s regularly, please list l | below the medicine   | e or drugs:                     |
|   |                            |                      |                                 |
|   |                            |                      |                                 |
|   |                            |                      |                                 |
| I have not been banned, on medica   |                            |                      |                                 |
| I do not take any prohibited substar<br>In case of an injury and/or illness I |                            |                      |                                 |
| information to my next-of-kin and   |                            | otall of the cv      | to release only relevant        |
| I will immediately inform the releva  | ant FIM Medical Officer /F |                      |                                 |
| and the CMO of any changes in my  |                            | njury that may adve  | rsely affect my ability to ride |
| I declare that the information that I   |                            | hains and 4: 41: 4   | -han of 5MA:                    |
| I agree to the information on the M   | edical Examination Form    | being sent to the do | ctor of my rMN.                 |
|   |                            |                      |                                 |
|   |                            |                      |                                 |
| Date  |                            |                      |                                 |

# **APPENDIX B**

#### MEDICAL EXAMINATION FORM

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

| lame:   | First name:  | Date of birth  |
|---|--|--|
| ddress:   |  | Iraan. T   |
| ex: male female   | 7  |  |
| Nomal   | Details (if abnormal)  |  |
| Cardio-vascular system  |  |  |
| *Excercise tolerance ECG  |  |  |
| *Echocardiography   |  |  |
| Blood pressure  |  |  |
| Pulse   |  |  |
| Respiratory system  |  |  |
| ¬   |  |  |
| Nervous central system  |  |  |
| peripheral  |  |  |
| Ear, nose and throat, right                                       |  |  |
| In particular vestibulo-  |  |  |
| cochlear apparatus left   |  |  |
| Locomotor- arm right  |  |  |
| system left   |  |  |
| leg right   |  |  |
| leg ngnt<br>left  | 198  |  |
| _   |  |  |
| spine   |  |  |
| Abdomen (hemia)   |  |  |
| Tutata Albuman  |  |  |
| Urine Albumen<br>Glucose  |  |  |
| Eyes: Distant vision  |  |  |
| without right   |  |  |
| correction left   |  |  |
| with right correction left  |  |  |
| color vision  | <del></del>  |  |
| visual field  |  |  |
|   |  | 511.0 0 II UIO   |
|   | tion, an applicant for any licence in<br>an echocardiogram once in his lif |  |
|   |  | conducted and successfully passed with the                           |
| chocardiogram and is then require                                 |  |  |
| cept in Trial an exercise tolerance                               | electrocardiogram is required for  | riders aged 50 years and over.                                       |
|   |  |  |
|   | am this person/rider's medical pra-  | ctitioner and familiar   |
| with his/her medical history.  If the undersoined, certify that I | know and am familiar with the WA   | DA list of prohibited substances                                     |
| and prohibited methods  | and an ianimal with the WA   | and the promoted designation   |
| I, the undersigned, certify that I                                | have not prescribed any prohibite  | d substances and/or prohibited                                       |
| methods to this person  | hour propertied prohibited sub-th-   | angolo) and/or prohibing mother(s) to                                |
| this person, providing that a TU                                  | was agreed by the FIM and/or the   | ance(s) and/or prohibied method(s) to<br>nat no altemative treatment |
| with authorised substance(s) wa                                   | •  | on connet energte a materiale  |
|   | medical reasons why this person is medically NOT FIT to                    |  |
|   | e examined by a member of the me   |  |
| or doctor appointed by the FMN                                    |  |  |
|   |  |  |
|   |  |  |

#### 09.1 MEDICAL CERTIFICATE AND EXAMINATION

- a) Everyridertakingpartin motorcycle competition events must be medically fit. For this reason a satisfactory medical history and examination are essential. It is the responsibility of the rider to immediately inform the relevant FIM Medical Officer, FIM SBK Medical Director, FIM Medical Director, FIM Medical Representative and the CMO of any state of health or medical condition or any deterioration in their health or medical condition that may adversely affect their ability to ride or compete safely. Failure to do so will result in an immediate exclusion from competition and may lead to further sanctions.
- b) The medical history and medical examination forms are contained in Appendices A and B. The medical certificate is valid for not more than one year. In the event of serious injury or illness occurring following the issue of a medical certificate, a further examination and medical certificate are necessary.
- c) 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/her 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.
- d) Regarding the duration of convalescence after injury please refer to Appendix L.

#### 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.

#### A) 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 must be referred for the opinion of the medical commission of his FMN and of the FIM, if necessary.

## B) EYESIGHT

- a) For all disciplines except trial, the minimum corrected visual acuity must be 6/6 [10/10] with both eyes open together. The minimum field should measure 160 degrees, 30 degrees vertical.
- b) For Trial, the minimum corrected visual acuity must be 6/6 [10/10] with one or both eyes open together. The minimum field should measure 160 degrees, (120 degrees for monocular vision with 60 degrees each side) 30 degrees vertical.
- c) For all disciplines, spectacles, if required, should be fitted with shatterproof lenses and contact lenses, if worn, should be of the "soft" variety.
- d) Satisfactory judgement of distance and wearing double protection when competing would be required for all riders with vision in only one eye.
- e) Double vision is not compatible with the issuing of a competition licence.
- f) 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.

## C) 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 09.3.4 of the FIM Medical Code.

#### D) 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.

### E) CARDIO-VASCULAR SYSTEM

In general, a history of myocardial infarction or serious cardio-vascular disease would normally exclude a rider. 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.

With the exception of Trial any rider of fifty years and over must have an exercise tolerance electrocardiogram performed, and the result must be favourable. In Trial, an exercise tolerance electrocardiogram is required for any rider of 50 years and over if there are known significant risk factors for or history of cardiac disease.

## F) NEUROLOGICAL AND PSYCHIATRIC DISORDERS

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

## G) 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 during a period of 5 (five) years. If no other epileptic fit or other unexplained sudden loss of consciousness has occurred during these 5 (five) years, the applicant may be granted a licence.

## H) USE OF WADA PROHIBITED SUBSTANCES

Applicants using substances included in the WADA Prohibited List will not be accepted except with a valid Therapeutic Use Exemption (TUE) approved by the FIM.

## I) ALCOHOL

- 1. Applicants with an alcohol addiction will not be accepted.
- 2. For safety reasons riders must not participate in competition if they are found to have a blood alcohol concentration superior to the threshold of 0.10 g/L.
- 3. The presence of alcohol in concentration higher than the threshold and the consumption/use of alcohol (ethanol) are prohibited in motorcycling sport during the \*in-competition period and will be considered as a violation of the Medical Code.
- 4. Such violation(s) of the Medical Code will be sanctioned as follows:
  - The riders will be immediately excluded and disqualified from the relevant event by the FIM Stewards. Further sanctions will be applied in accordance with the FIM Disciplinary & Arbitration Code and/or the relevant Sporting Regulations.
- 5. For the purpose of the alcohol testing procedure, the in-competition\* period is defined as the period commencing 12 hours before the rider rides his bike for the first time during the event\*\*, ending thirty (30) minutes after the end of the last race\*\*\* in his class and category. This is the minimum period of time that riders should abstain from alcohol prior to competition for safety reasons.

- 6) For the avoidance of doubt the possession, use and consumption of alcohol during the podium ceremony is not considered a violation under the FIM Medical Code providing that the podium ceremony takes place at the end of the event.
- 7) Detection will be conducted by analysis of breath and/or blood. The alcohol violation threshold is equivalent to a blood alcohol concentration of 0.10 g/L.
- 8) Riders may be subject to alcohol breath and/or blood testing at any time in-competition.
- \*\* Event is a single sporting event composed, depending on the discipline, of practice sessions, qualifying practice sessions and race(s), rounds, legs, heats or stages.
- \*\*\* or round, leg, heat or stage.

# J) MEDICATION & DRUGS

Applicants will not be accepted if they are using medication including those legitimately prescribed with potentially adverse side effects that could pose a risk to the safety of the rider or others during competition. This includes drugs that cause sedation, blurred vision, psychomotor retardation or other side effects that can adversely affect their ability to have full and complete control of a motorcycle in competition.

# K) TREATMENT WITH PROHIBITED SUBSTANCES OR METHODS AT EVENTS

Any treatment requiring a prohibited substance or method to be used by any doctor to treat a rider during an event must be discussed and agreed with the FIM Medical Officer (GP), FIM SBK Medical Director, FIM Medical Director or FIM Medical Representative, if present. If this is required a TUE must be submitted immediately for retroactive approval to be received by the FIM no later than the following day after the event.

#### L) ANAESTHESIA

Riders will not be permitted to participate in practice or competition until at least 48 hours have elapsed following any general, epidural, spinal or regional anaesthesia.

See also 09.3.3 b) and appendix L.

# M) CONCUSSION

Assessment of the injured rider and return to competition should be in accordance with the guidelines for the assessment and management of concussion as contained within the Consensus Statement On Concussion In Sport - The 5<sup>th</sup> International Conference On Concussion in Sport held in Berlin, October 2016.

See also Art. 09.3.3 and appendix L.

In the event of a suspected concussion the rider should be assessed using a recognised assessment tool such as SCAT5 or similar (see appendix S). If the assessment confirms a concussion the rider should immediately be excluded from competition for at least the rest of the event. Prior to returning to competition the rider should be assessed for and provide documentary evidence of a return to normal neuro-psychological function using for example the IMPACT system, functional MRI scan or similar in accordance with the current International Consensus Statement on Concussion in Sport.

#### N) 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.

If, following the rider being assessed as being medically fit to participate in competition evidence emerges of a medical condition that represents a significant risk to the rider and/or other competitors, the Medical Director, FIM Medical Director/ Officer together with other relevant parties such as the CMO and FMN doctor have the right to withdraw the riders' license at any time until further assessment of the rider is undertaken and a subsequent satisfactory medical report is provided to the FMN and FIM Medical Director/Officer/Representative.

#### O) THE USE OF INTRAVENOUS FLUIDS

In accordance with Section M2.2 of the **2019** WADA Prohibited List Intravenous infusions and/or injections of more than a total of 100 mL per 12 hour period are prohibited except for those legitimately received in the course of hospital treatments, surgical procedures or clinical diagnostic investigations.

Intravenous fluids must therefore not be administered to any competitor during any event from the official start time of the event until the official event end time unless by the official FIM approved medical service for the event. In all cases there should be a formal medical need for the fluids demonstrated by documented assessment of the rider's medical condition including their vital signs. Rehydration should be sufficient to return vital signs to normal and no more. If the rider's medical condition is such that treatment requiring the use of intravenous fluids is necessary during an event he will not be permitted to compete for at least the remainder of that day. Return to competition will require a further medical assessment to ensure he is medically fit to do so.

#### P) ORAL HYDRATION

Where the temperature is sufficient to cause significant risk of dehydration as assessed by the CMO or Medical Director or FIM Medical Representative, the organiser must make drinking water available along the route at appropriate points in sufficient quantities for all competitors and officials as soon as possible and within a time frame to address the risk. Where possible the need for water should be assessed before the event start.

# Q) COST OF MEDICAL EXAMINATION

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