MEDICAL HISTORY FORM

APPENDIX A

(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?	☐	

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

APPENDIX B

(To be completed by 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 correction right		
	left		
	with correction right		
	left		
	color vision		
	visual field		

*** 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