

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 |
|----|-----|---------|
|----|-----|---------|

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) | | | | | |

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

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

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

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

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