

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"/>
<input type="checkbox"/>	*Excercise 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:			
<input type="checkbox"/>	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