



FÉDÉRATION INTERNATIONALE DE MOTOCYCLISME

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
<input type="checkbox"/>	Loss of consciousness for any reason dizziness or headache	<input type="checkbox"/>	
<input type="checkbox"/>	Eye Problems (except glasses)	<input type="checkbox"/>	
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	
<input type="checkbox"/>	Allergy to medicines or drugs	<input type="checkbox"/>	
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	
<input type="checkbox"/>	Blood pressure disorder	<input type="checkbox"/>	
<input type="checkbox"/>	Stomach problems (ulcer, etc)	<input type="checkbox"/>	
<input type="checkbox"/>	Uro-genital problems	<input type="checkbox"/>	
<input type="checkbox"/>	Epilepsy or convulsions	<input type="checkbox"/>	
<input type="checkbox"/>	Mental or nervous disorder	<input type="checkbox"/>	
<input type="checkbox"/>	Problems with arms or legs incl. muscle cramp or joint stiffness	<input type="checkbox"/>	
<input type="checkbox"/>	Blood disorder with tendency to bleeding	<input type="checkbox"/>	
<input type="checkbox"/>	Blood Group	<input type="text"/>	
<input type="checkbox"/>	Operations	<input type="checkbox"/>	
<input type="checkbox"/>	Do you take any medicine or drugs regularly	<input type="checkbox"/>	

- I have not been banned, on medical grounds, from taking part in any other sport.
- I do not take drugs and do not abuse alcohol.
- In case of injury I give permission to the Medical Staff to release any relevant information to the Clerk of Course, my relatives, my own doctor and the FMN.
- I declare that the information that I have given is the truth.
- 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)



FÉDÉRATION INTERNATIONALE DE MOTOCYCLISME

MEDICAL EXAMINATION FORM

(to be completed by doctor with reference to the FIM Medical Code, Art.09.1.1 Guidelines for the examining 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"/>	Eyes	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"/>		colour 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.

<input type="checkbox"/>	I the undersigned, certify that this person is medically fit to take part in motorcycle events.
<input type="checkbox"/>	I the undersigned, certify that this person is medically NOT FIT to take part in motorcycle events.
<input type="checkbox"/>	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

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.

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 may be referred for the opinion of the medical commission of the FMN.

EYESIGHT

For all disciplines except trial, the minimum corrected visual acuity must be 6/6 [10/10] with both eyes open together. The minimum binocular field should measure 160 degrees (120 degrees for monocular vision) with 60 degrees each side, 30 degrees vertical.

For Trial, the minimum corrected visual acuity must be 6/6 [10/10] with one or both eyes open together. The minimum binocular field should measure 160 degrees (120 degrees for monocular vision) with 60 degrees each side, 30 degrees vertical.

For all disciplines, Spectacles, if required, should be fitted with shatterproof lenses and contact lenses, if worn should be of the "soft" variety.

Satisfactory judgement of distance and wearing double protection when competing would be required for all riders with vision in only one eye.

Double vision is not compatible with the issuing of a competition licence.

The applicant, for any event other than Trial, must have normal colour vision, in that they can distinguish the primary colours red and green. If there is any doubt, a simple practical test is recommended under conditions similar to those of a race.

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 09.4.4 of the FIM Medical Code.

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.

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

NEUROLOGICAL AND PSYCHIATRIC DISORDERS

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

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.

USE OF WADA PROHIBITED SUBSTANCES

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

ALCOHOL

Applicants with an alcohol addiction will not be accepted.

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

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.

Such violation(s) of the Medical Code will be sanctioned as follows:

The riders will be immediately excluded and disqualified from the relevant event. Further sanctions will be applied in accordance with the FIM Disciplinary & Arbitration Code and/or the relevant Sporting Regulations.

For the purpose of the FIM Medical Code, 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/her class and category.

For the avoidance of doubt the possession, use and consumption of alcohol during the awarding ceremony is not considered under the FIM Medical Code providing that the podium ceremony takes place at the end of the event. Detection will be conducted by analysis of breath and/or blood. The alcohol violation is equivalent to a blood alcohol concentration of 0.10 g/L.

Riders may be subject to alcohol breath and/or blood testing at any time during 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.

MEDICATION & DRUGS

Applicants will not be accepted if they are using medication including those legitimately prescribed with potentially adverse 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.

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 retrospective approval to be received by the FIM no later than the following day after the event.

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 09.4.3 and Appendix L.

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 International Consensus Statement on Concussion in Sport Zurich 2012. See also Art 09.4.3 and appendix L.

In the event of a suspected concussion the rider should be assessed using a recognised assessment tool such as SCAT3 or similar (see appendix S). If the assessment confirms a concussion the rider should immediately be excluded from competition for at least that day. Prior to returning to competition the rider should be assessed for and provide documentary evidence of a return to normal neuropsychological function using for example the IMPACT system, functional MRI scan or similar.

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.

COST OF MEDICAL EXAMINATION

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