

## **MEDICAL HISTORY FORM**

(to be completed by applicant)

| Personal Data:   |                               |  |
|--|-------------------------------|--|
| Name:  | First name:                   | Date of birth                            |
| Address:   |                               |  |
| Sex male female  |                               | FMN:                                     |
| Inc. I   | ly - ID - t - 'I -            |  |
| 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 stiffned | ess                           |  |
| Blood disorder with tendency to bleeding                       |                               |  |
| Blood group  |                               |  |
| Operations   |                               |  |
| Do you take any medicine or drugs regularly?                   |                               |  |
| If you you take any medicine or o                              | lrugs regularly, <sub>l</sub> | please list below the medicine or drugs: |

- a. I have not been banned, on medical grounds, from taking part in any other sport.
- b. I do not take any prohibited substances and/or methods as per the WADA list and do not abuse alcohol.
- c. In case of an injury and/or illness I give permission to the Medical Staff to release any relevant information to the my relatives and my representatives.
- d. I will immediately inform the relevant FIM Medical Officer /FIM SBK Medical Director/FIM Medical Director/ Representative and the CMO of any changes in my health through illness or injury that may adversely affect my ability to ride or compete
- e. I declare that the information that I have given is the truth.
- f. I agree to the information on the Medical Examination Form being sent to the doctor of my FMN.



## MEDICAL EXAMINATION FORM

APPENDIX B

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

| Nar   | sonal Da   | iiu.                 |                         |                     | Fire             | name:  | Date of birth    | 1         |  |
|---|--|----------------------|-------------------------|---------------------|------------------|--|------------------|-----------|--|
|   | ress:  |                      |                         |                     | FIIS             | name.  | Date of birth    |           |  |
| Sex   |  | male                 | female                  |                     |                  |  | FMN:             |           |  |
| Normal  |  |                      |                         | •                   | Abnormal         | Details (if abnormal)  | •                |           |  |
| _   | Cardio-  | vascul               | ar syste                | m                   | ⋖                |  |                  |           |  |
| *Excercise tolerance ECG  |  |                      |                         |                     |                  |  |                  |           |  |
| *Echocardiography   |  |                      |                         |                     |                  |  |                  |           |  |
|   | Blood  | racciii              | re.                     |                     |                  |  |                  |           |  |
| Blood pressure Pulse  |  |                      |                         |                     |                  |  |                  |           |  |
| Respiratory system  |  |                      |                         |                     |                  |  |                  |           |  |
|   | ] <b></b>  | _                    |                         |                     |                  |  |                  |           |  |
|   | Nervou<br>system   |                      | central                 |                     | Ш                |  |                  |           |  |
|   | ]  |                      | periphe                 | ral                 |                  |  |                  |           |  |
|   | -<br>1_  |                      |                         |                     |                  |  |                  |           |  |
| <u> </u>  |  |                      | throat,                 |                     | Ш                |  |                  |           |  |
|   | cochlea  |                      | estibulo<br>ratus       | left                |                  |  |                  |           |  |
|   |  |                      |                         |                     | _                |  |                  |           |  |
|   | Locom  |                      | arm                     | right               |                  |  |                  |           |  |
|   | system   | 1                    |                         | left                |                  |  |                  |           |  |
|   | 1  |                      | leg                     | right               |                  |  |                  |           |  |
|   | 4  |                      | 3                       | left                |                  |  |                  |           |  |
|   | 1  |                      |                         |                     |                  |  |                  |           |  |
| <u> </u>  | ]  |                      | spine                   |                     | Ш                |  |                  |           |  |
|   | Abdom  | <b>en</b> (her       | nia)                    |                     |                  |  |                  |           |  |
|   | Urine  |                      | Albume                  | n                   |                  |  |                  |           |  |
|   | ]  |                      | Glucose                 | •                   |                  |  |                  |           |  |
|   | Eyes:  | Distan withou        | t vision                | riabt               |                  |  |                  |           |  |
|   |  | correct              |                         | right<br>left       |                  |  |                  |           |  |
|   |  | with                 |                         | right               |                  |  |                  |           |  |
|   |  | correct              |                         | left                |                  |  |                  |           |  |
|   |  | color v              |                         |                     |                  |  |                  |           |  |
|   | <u> </u>   | visuai               | iieia                   |                     | Ш                |  |                  |           |  |
| mu<br>of t  | st undero<br>he licenc   | go and<br>e.         | pass suc<br>An exer     | ccessfu             | ılly ar<br>leran | , an applicant for any licence in FIM C echocardiogram once in his lifetime pee electrocardiogram must be conduct ery three years. | rior to the issu | ing       |  |
| Exc   | ept in Tr  | ial an e             | exercise                | toleran             | ce el            | ectrocardiogram is required for riders a   | aged 50 years    | and over. |  |
|   | I, the ur  | ndersiar             | ned, cert               | ify that            | I am             | this person/rider's medical practitione  | r and familiar   |           |  |
|   |  | -                    | edical his              |                     |                  | ,  |                  |           |  |
| I, the undersgined, certify that I know and am familiar with the WADA list of prohibited substances |  |                      |                         |                     |                  |  |                  |           |  |
|   | and prohibited methods  I, the undersigned, certify that I have not prescribed any prohibited substances and/or prohibited |                      |                         |                     |                  |  |                  |           |  |
| <u> </u>  |  |                      | is persor               |                     | ı ııa\           | e not prescribed any profibiled Substa   | ances anα/or β   | เบเทมแซน  |  |
|   | I, the ur<br>this per  | ndersigr<br>son, pro | ned, cert<br>oviding tl | ify that<br>hat a T | UE w             | e prescribed prohibited substance(s) as<br>as agreed by the FIM and/or that no a   | •                | ` '       |  |
|   | I, the ur  | ndersigr             |                         | ify that            | this             | ossible<br>person is medically FIT to take part in l<br>person is medically NOT FIT to take pa                                     | •                |           |  |
|   | I recom  | mend t               | hat this p              | person              | be e             | amined by a member of the medical of the FIM, if necessary.  | •                |           |  |