



Fédération Internationale de Motocyclisme  
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**CIRCUIT CMO QUESTIONNAIRE  
TRIAL**

**(Form only to be used by the CMO (Chief Medical Officer))**

This questionnaire must be completed by the Medical Doctor  
(in accordance with art. 09.4.1 of the FIM Medical code)  
and returned to the FIM by e-mail, **TWO months prior** to the event with the following  
attachments:

- a) A map of the sections including medical overview of medical personal, ambulances and fire service
- b) A map of the sections indicating the routes for urgent evacuation
- c) Written confirmation from all involved hospitals
- d) Written confirmation of CMO/doctor about availability of medical staff during the event
- e) Road map to hospital(s)

**A copy of this form has to be handed over before the first inspection of the sections  
to the FIM Medical Representative (FIM Medical Code art. 09.4.1)**

Discipline	<input type="text"/>	IMN No.	<input type="text"/>
Circuit	<input type="text"/>	Date	<input type="text"/>
Country	<input type="text"/>		
CMO	<input type="text"/>		

N° Lic. (if existing)

1) Are all medical services under the control of the CMO

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

2) Total personnel during event

day	1	2
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Doctor(s)
Nurses
Paramedic or equivalent
Other Medical personnel
Driver
Total

Number	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: If there is a considerable distance between the sections, there should be additional doctors with adequate emergency equipment.

3a) Vehicles Type A (Medical Rapid Intervention Vehicle)

Number

Type of vehicle

Doctor(s) as per Medical Code art. 09.5  
Nurse, paramedics as per Medical Code  
Driver as per Medical Code

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

3b) Medical equipment

Portable oxygen supply  
Manual ventilator  
Intubation equipment  
Suction equipment  
Intravenous infusion equipment  
Equipment to immobilise limbs and spine (including cervical spine)  
Sterile dressings  
ECG monitor and defibrillator  
Drugs for resuscitation and analgesia/IV fluids  
Sphygmomanometer and stethoscope

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

3c) Equipment technical

Radio communication  
Visible and audible signals  
Equipment to remove clothing and helmets

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Type de véhicule

**4a) Vehicles Type B** Number   
 Type of vehicle   
 Do positions conform to map of circuit/ posts? YES  NO   
 Doctor as per Medical Code   
 Staff as per Medical Code

**4b) Medical & technical Equipment** as per Medical Code,  
 Art. 09.5.1.4

**5a) Medical ground posts** (if necessary) Number   
 Do positions conform to map of section? YES  NO

**5b) Personnel**  
 Doctor/ paramedic or equivalent experienced in emergency care   
 Stretcher bearer

**5c) Equipment medical**  
 Equipment for initiating resuscitation and emergency treatment   
 Cervical collar   
 Scoop stretcher

**5d) Equipment technical**  
 Radio communication with Medical Doctor in charge

**6) Is a facility available for treatment of injured competitors?** YES  NO

Room, container or tent (please describe/specify)  
 if there is no Medical Centre

7) **Vehicles for transport to hospital** Number

8) **Clothing of medical personnel as per Medical Code**

	<b>YES</b>	<b>NO</b>
Doctor		
Paramedics or equivalent		

9) **Hospitals**

Type of hospital	Name of hospital	GPS Coordinates	Time fro hospital		Distance
			Road min	Air min	km
a) Local hospital			<input type="text"/>	<input type="text"/>	<input type="text"/>
b) General surgery			<input type="text"/>	<input type="text"/>	<input type="text"/>
c) Orthoepadic/ Trauma			<input type="text"/>	<input type="text"/>	<input type="text"/>

10) **The CIRCUIT CMO QUESTIONNAIRE has been completed by the CMO** 
**YES**    **NO**  
   

11) **Medical service is in accordance with the Medical Code.** 
   

**Remarks:**

**Date:**

**Signature of the CMO:**