

## MEDICAL ASSESSEMENT REPORT FORM

**HIGHLY CONFIDENTIAL**

**To be completed by the CMO**

**To be strictly shared only with: FIM Medical Representative  
FIM Medical Director/Officer/Delegate - Race Direction/Int'l Jury**

**Name of event:**

**IMN :**

Date of event:

Name of CMO:

Day	= D	A.S.=	Accident Statistic
Thursday	= 0	N =	Rider OK
Friday	= 1	T =	Treated & discharged
Saturday	= 2	H =	Transported to hospital
Sunday	= 3		

[illegible]



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**IMN :**

**Name of CMO :**

The CMO, FIM Medical Representative, FIM Medical Director/Officer/Delegate and members of the Race Direction/Int'l Jury are bound to ensure that this Personal Data and Sensitive Personal Data they process is protected as required by the data protection and privacy laws in force by applying all necessary security safeguards.

This information shall not be disclosed to any other person except when strictly necessary in order to fulfil their obligations under the FIM Medical Code and in accordance with its Art. 09.12.

**Signature of CMO:**

**Date of completion:**



