APPENDIX B

MEDICAL ASSESSEMENT REPORT FORM

HIGHLY CONFIDENTIAL
To be completed by the CMO
To be strictly shared only with:
FIM Medical Director/Officer/Delegate/Representative
Race Direction/Int'l Jury

Name of event:

Date of event: **IMN :**

Name of CMO:

Monday = MON
Tuesday = TUE
Wednesday = WED
Thursday = THU
Friday = FRI
Saturday = SAT
Sunday = SUN

A.S. = Accident Statistic
N = Rider OK
T = Treated & discharged
H = Transported to hospital

							Assessment		
Day	Time	Class	N°	FIRST NAME/**LAST NAME**	**Turn N°**	A.S.	FIT	UNFIT	TO BE REVIEWED

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:**