



**SPECIAL MEDICAL EXAMINATION FORM**

**HIGHLY CONFIDENTIAL**

**To be completed by the CMO**

**To be strictly shared only with:**

**FIM Medical Director/Officer/Delegate/Representative**

Personal data

Name:

First name:

Class:

Number:

This rider **sustained** the following injuries:  
as a result of which he was medically **UNFIT** to compete.

Before competing again he must be examined to ensure he complies with the requirements  
**of** the FIM Medical Code and is medically **FIT** to control a motorcycle at racing speeds.

I, **the undersigned**, Dr \_\_\_\_\_, certify that I have examined the above  
named rider and find him medically

FIT  UNFIT  to compete

in the \_\_\_\_\_ Championship, at

the \_\_\_\_\_ circuit, on \_\_\_\_\_ (date)

Signature of the CMO \_\_\_\_\_

Date

If there is any doubt about medical FITNESS TO COMPETE, the FIM Medical Director/Officer/Delegate/Representative must be consulted.

**The CMO, FIM Medical Director, FIM Medical Officer/Delegate/Representative are bound to ensure that the 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 except when strictly necessary in order to fulfil the obligations provided for under the FIM Medical Code, in accordance with its Art. 09.12.**