



**APPENDIX N
HIGHLY CONFIDENTIAL
BREATH ALCOHOL TEST**

Rider's name, first name: _____ Riding Number: _____

Title of the event: FIM

Venue: _____ Country: _____ Date: _____

FMNR: _____ IMN N°: _____

FIM Jury Pres. or Race Direction member or FIM Official: _____

Witness 1: (if any) _____ Position: _____

Witness 2: (if any) _____ Position: _____

Other (if present) _____ Position: _____

Other (if present): _____ Position: _____

In accordance with the FIM Medical Code, the following rider must take part of the control (Breath Alcohol Test). The Alcohol control can take place anytime during the event.

The undersigned certifies to have tested the above-mentioned rider with the following results (N.B Positive Test means >0.10g/L):

Test 1: Positive Negative Result: .g/L Time:

Test 2: Positive Negative Result: .g/L Time:

Data Privacy

The FIM Jury President, members of the Race Direction and appointed FIM Officials shall not disclose this Personal Data or Sensitive Personal Data of the riders except where such disclosures are strictly necessary in order to fulfil their obligations under the FIM Medical Code. They shall ensure that this Personal Data and Sensitive Personal Data is only retained when it remains relevant to fulfilling their obligations under the FIM Medical Code. Once it no longer serves the above-mentioned purposes, it shall be deleted, destroyed and permanently anonymised. As a general rule, retaining Sensitive Personal Data requires stronger or more compelling reasons than for Personal Data.



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Any rider going through breath alcohol tests and therefore submitting this information including Personal Data and Personal Sensitive Data to be able to compete shall be deemed to have agreed, pursuant to applicable data protection laws and otherwise, that such information be collected, processed, disclosed and used for the purposes of the implementation of the FIM Medical Code by the FIM Jury President, members of the Race Direction and appointed FIM Officials.

Riders or their authorised representative shall be entitled to request to erase, rectify or obtain any Personal Data or Sensitive Personal Data the FIM holds about them in accordance with the FIM Medical Code by sending a written request to gdpr-medical@fim.ch.

Rider's signature:

Date:

Time:

FIM Jury Pres. or Race Direction member or Appointed FIM Official signature:

Witness 2: signature: (if any)

Witness 1: signature: (if any)

Other person present: signature:

Other person present: signature:

***** Original of this document must be sent to the FIM Medical Department: cmi@fim.ch *****

*****Copy of this document must be given to the rider *****