

FÉDÉRATION INTERNATIONALE DE MOTOCYCLISME



FIM MEDICAL CODE

EDITION 2026

Amendments are in bold - February 2026

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Any references to the male gender in this document are made solely for the purpose of simplicity and refer also to the female gender except when the context requires otherwise.

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MEDICAL CODE

- a) The Medical Code contains guidelines, standards and requirements for the following: medical fitness in order to obtain a rider's licence (09.1 - 09.3), medical services at events (09.4 - 09.7), procedure in the event of an injured rider (09.8), insurance (09.9), professional confidence (09.10), statistics (09.11), Data Privacy (09.12) and documentation (Appendices A, B, C, D, E, F1-6, G, H1, H2, L, M, N, O).
- b) The requirements of the Medical Code must be met at all FIM events and are recommended for all other competitions.
- c) In circumstances not covered explicitly by the FIM Medical Code, a binding decision will be taken by the FIM International Medical Commission (CMI) after internal consultation by the CMI Bureau.
- d) If such a situation occurs during a FIM event, a binding decision will be made by mutual agreement between the CMO, Medical Director, FIM WorldSBK Medical Director, FIM Medical Officer (GP) and FIM Medical Representative, if present.
- e) Any amendments to the GP Medical Code must be approved by the GP Commission.
- f) Any amendments to the WorldSBK Medical Code must be approved by the WorldSBK Commission.
- g) The FIM Circuit Racing Grand Prix World Championships: Moto3, Moto2 and MotoGP will be herein collectively referred to as "GP".
- h) The Superbike, Supersport **and Sportbike** World Championships will be herein collectively referred to as "WorldSBK".

09.1 MEDICAL CERTIFICATE AND EXAMINATION

- a) Every rider taking part in motorcycle competition events must be medically fit. For this reason, a satisfactory medical history and examination are **mandatory**. It is the responsibility of the rider to immediately inform the relevant FIM Medical Officer (GP), FIM WorldSBK Medical Director, FIM Medical Director, FIM Medical Representative and the CMO of any state of health or medical condition or any deterioration in their health or medical condition that may adversely affect their ability to ride or compete safely. Failure to do so will result in an immediate exclusion from competition and may lead to further sanctions.
- b) The medical certificate is valid for not more than one year. In the event of serious injury or illness occurring following the issue of a medical certificate, a further examination and medical certificate are necessary.

- c) In addition to the medical examination, an applicant for any licence in Cross-Country Rallies (World Championship, FIM Prize and recommended for NMFP) must undergo and pass successfully an echocardiogram once in his/her lifetime prior to the issuing of the licence. An exercise tolerance electrocardiogram must be conducted and successfully passed with this echocardiogram and is then required every three years.
- d) Regarding the duration of convalescence after injury please refer to Appendix D.

09.1.1 Guidelines for the Examining Doctor

The examination should be performed by a doctor familiar with the applicant's medical history. The examining doctor must be aware that the person to be examined is applying for a licence to participate in motorcycle events. The purpose of the examination is to determine whether the applicant is physically and mentally fit to control a motorcycle in order to ensure the safety of other riders, officials and spectators during an event, having regard to the type of event for which the rider is applying.

Certain disabilities exclude the granting of a licence.

The FMN of every rider issuing the licence shall possess a certificate confirming the rider is medically fit or unfit to participate in FIM competitions after verifying the rider has undergone the following medical assessment:

A) LIMBS

The applicants should have sufficient function of their limbs to permit full control of their machine during events. In the case of loss or functional impairment of all or part of a limb or limbs the applicant must be referred for the opinion of the medical commission of his FMN and of the FIM, if necessary.

B) EYESIGHT

- a) For all disciplines except Trial, the minimum corrected visual acuity must be 6/6 [10/10] with both eyes open together. The minimum field should measure 160 degrees, 30 degrees vertical.
- b) For Trial, the minimum corrected visual acuity must be 6/6 [10/10] with one or both eyes open together. The minimum field should measure 160 degrees, (120 degrees for monocular vision with 60 degrees each side) 30 degrees vertical.
- c) For all disciplines, spectacles, if required, should be fitted with shatterproof lenses and contact lenses, if worn, should be of the "soft" variety.
- d) Satisfactory judgement of distance and wearing double protection when competing would be required for all riders with vision in only one eye.
- e) Double vision is not compatible with the issuing of a competition licence.

- f) The applicant, for any event except Trial, must have normal colour vision, in that they can distinguish the primary colours of red and green. If there is any doubt, a simple practical test is recommended under conditions similar to those of a race.

C) HEARING AND BALANCE

A licence can be issued to an applicant with impaired hearing but not to an applicant with a disturbance of balance.

A rider with impaired hearing must be accompanied at the riders briefing by a person with normal hearing who can communicate the information either by signing or in writing. The rider must wear a clearly visible tag that identifies him/her as hearing-impaired to the marshals and medical personnel in case of an accident/incident. The rider must also comply with the requirements of Article 09.3.4 of the FIM Medical Code.

D) DIABETES

In general, it is not considered advisable for diabetics to enter motorcycle events.

However, a well-controlled diabetic not subject to hypoglycaemic or hyperglycaemic attacks, and having no neuropathy nor any ophthalmoscopic evidence of vascular complications, may be passed as fit to compete.

E) CARDIO-VASCULAR SYSTEM

In general, a history of myocardial infarction or serious cardio-vascular disease would normally exclude a rider. Special attention should be paid to blood pressure and cardiac rhythm disorders. In such cases a certificate from a cardiologist including the results of any test the cardiologist considers necessary, must be submitted with the medical examination form.

With the exception of Trial any rider of fifty years and over must have an exercise tolerance electrocardiogram performed, and the result must be favourable. In Trial, an exercise tolerance electrocardiogram is required for any rider of 50 years and over if there are known significant risk factors for or history of cardiac disease.

F) NEUROLOGICAL AND PSYCHIATRIC DISORDERS

In general, applicants with a serious neurological or psychiatric disorder will not be granted a licence.

G) FITS OR UNEXPLAINED ATTACKS OF LOSS OF CONSCIOUSNESS

A licence will not be issued if the applicant suffers from epilepsy, has suffered a single epileptic fit, or has suffered any episodes of unexplained sudden loss of consciousness during a period of the previous 5 (five) years.

If no other epileptic fit or other unexplained sudden loss of consciousness has occurred during these 5 (five) years, and the applicant has not taken any medication to prevent epilepsy for 5 (five) years, the applicant may be granted a licence after review of a report from a specialist neurologist indicating that the risk of a further fit, seizure or episode is at an acceptable level to permit participation in racing.

H) USE OF WADA PROHIBITED SUBSTANCES

Applicants using substances included in the WADA Prohibited List will not be accepted except with a valid Therapeutic Use Exemption (TUE) approved by the FIM.

I) ALCOHOL

1. Applicants with an alcohol addiction will not be accepted.
2. For safety reasons riders must not participate in competition if they are found to have a blood alcohol concentration superior to the threshold of 0.10 g/L.
3. The presence of alcohol in concentration higher than the threshold and the consumption/use of alcohol (ethanol) are prohibited in motorcycling sport during the *in-competition period and will be considered as a violation of the Medical Code.

4. Such violation(s) of the Medical Code will be sanctioned as follows:

The riders will be immediately excluded and disqualified from the relevant event by the FIM Stewards. Further sanctions will be applied in accordance with the FIM Disciplinary Code and/or the relevant Sporting Regulations.

5. For the purpose of the alcohol testing procedure, the in-competition* period is defined as the period commencing 12 hours before the rider rides his bike for the first time during the event**, ending thirty (30) minutes after the end of the last race*** in his class and category. This is the minimum period of time that riders should abstain from alcohol prior to competition for safety reasons.
6. For the avoidance of doubt the possession, use and consumption of alcohol during the podium ceremony is not considered a violation under the FIM Medical Code providing that the podium ceremony takes place at the end of the event.
7. Detection will be conducted by analysis of breath and/or blood. The alcohol violation threshold is equivalent to a blood alcohol concentration of 0.10 g/L.
8. Riders may be subject to alcohol breath and/or blood testing at any time in-competition.

** Event is a single sporting event composed, depending on the discipline, of practice sessions, qualifying practice sessions and race(s), rounds, legs, heats or stages.

*** or round, leg, heat or stage.

J) MEDICATION & DRUGS

Applicants will not be accepted if they are using medication including those legitimately prescribed with potentially adverse side effects that could pose a risk to the safety of the rider or others during competition. This includes drugs that cause sedation, blurred vision, psychomotor retardation or other side effects that can adversely affect their ability to have full and complete control of a motorcycle in competition.

Riders are not authorised to participate in any FIM event if they have ingested substances classified as drugs of abuse, as outlined in the Anti-Doping Code (ADC). This includes, but is not limited to:

- Cocaine (S.6a – Non-specified Stimulants)
- Methylenedioxyamphetamine (MDMA / “ecstasy”) (S.6b – Specified Stimulants)
- Diamorphine (Heroin) (S.7 – Narcotics)
- Tetrahydrocannabinol (THC) and other cannabinoids (S.8 – Cannabinoids)

Participation under the influence of these substances is strictly prohibited due to the significant safety risks involved.

K) TREATMENT WITH PROHIBITED SUBSTANCES OR METHODS AT EVENTS

Any treatment requiring a prohibited substance or method to be used by any doctor to treat a rider during an event must be discussed and agreed with the FIM Medical Officer (GP), FIM WorldSBK Medical Director, FIM Medical Director or FIM Medical Representative, if present. If this is required a TUE must be submitted immediately for retroactive approval to be received by the FIM no later than the following day after the event.

L) ANAESTHESIA

Riders will not be permitted to participate in practice or competition until at least 48 hours have elapsed following any general, epidural, spinal or regional anaesthesia.

See also 09.3.3 b) and appendix D.

M) CONCUSSION

Assessment of the injured rider and return to competition should be in accordance with the FIM Concussion Guidelines (Appendix M).

See also Art. 09.3.3 and appendix D.

In the event of a suspected concussion the rider should be assessed using the FIM Concussion Guidelines (see appendix M). If the assessment confirms a concussion the rider should immediately be excluded from competition. Prior to returning to competition the rider should be assessed for and provide documentary evidence of a return to normal neuro-psychological function in accordance with the current FIM Concussion Guidelines.

N) PROCEDURE IN CASE OF DOUBT OF MEDICAL FITNESS

The examining doctor may not feel able to approve an applicant on medical grounds. In such a case he should complete the certificate, having ticked the relevant box, sign it, and then send it to the applicant's FMN with his observations, including past history. If necessary, he should request that the applicant be examined by a member of the medical committee of the FMN or a doctor appointed by the FMN.

If, following the rider being assessed as being medically fit to participate in competition evidence emerges of a medical condition that represents a significant risk to the rider and/or other competitors, the Medical Director, FIM Medical Director/ Officer together with other relevant parties such as the CMO and FMN doctor have the right to withdraw the riders' licence at any time until further assessment of the rider is undertaken and a subsequent satisfactory medical report is provided to the FMN and FIM Medical Director/Officer/Representative.

O) THE USE OF INTRAVENOUS FLUIDS

In accordance with Section M2.2 of the **2026** WADA Prohibited List Intravenous infusions and/or injections of more than a total of 100 mL per 12-hour period are prohibited except for those legitimately received in the course of hospital treatments, surgical procedures or clinical diagnostic investigations.

Intravenous fluids must therefore not be administered to any competitor during any event from the official start time of the event until the official event end time unless by the official FIM approved medical service for the event. In all cases there should be a formal medical need for the fluids demonstrated by documented assessment of the rider's medical condition including their vital signs. Rehydration should be sufficient to return vital signs to normal and no more.

If the rider's medical condition is such that treatment requiring the use of intravenous fluids is necessary during an event he will not be permitted to compete for at least the remainder of that day. Return to competition will require a further medical assessment to ensure he is medically fit to do so.

P) ORAL HYDRATION

Where the temperature is sufficient to cause significant risk of dehydration as assessed by the CMO or Medical Director or FIM Medical Representative, the organiser must make drinking water available along the route at appropriate points in sufficient quantities for all competitors and officials as soon as possible and within a time frame to address the risk. Where possible the need for water should be assessed before the event start.

Q) COST OF MEDICAL EXAMINATION

Any fee arising from the examination or completion of the medical certificate is the responsibility of the applicant.

09.2 AGE OF RIDERS, DRIVERS AND PASSENGERS

Licences for riders, drivers and passengers are issued for FIM World Championships, FIM Prizes, World Records, Intercontinental Championships and recommended for National Meetings open to Foreign Participation (NMFP), only when the minimum age has been attained as below:

A) FIM World Championships

Circuit Racing

	Min.	Max.
<ul style="list-style-type: none"> • FIM GP WC: MotoGP class 	18 years	-
<ul style="list-style-type: none"> • FIM GP WC: Moto2 class <p>In the Moto2 class, an exemption applies to the winner in any season of the FIM European Moto2 Championship to compete in the Moto2 class of the FIM Grand Prix World Championship, as a contracted, Wild Card, or substitute/replacement rider, even if the rider has not reached the minimum age for the class. (However, a minimum age of 17 years will apply).</p>	18 years	50 years
<ul style="list-style-type: none"> • FIM GP WC: Moto3 class <p>In the Moto3 class, an exemption applies to the top three riders classified in any season in the FIM Moto3 Junior World Championship or the FIM MotoGP Rookies Cup to compete in the Moto3 class of the FIM Grand Prix World Championship as a contracted, Wild Card, or substitute/replacement rider, even if the rider has not reached the minimum age for the class.(However, a minimum age of 17 years will apply).</p> <p>Max. age Moto3: 23 years for new contracted riders participating in the Moto3 World Championship Grand Prix for the first time and for wild cards) at the 1st of January of the corresponding championship year.</p>	18 years	28 years
<ul style="list-style-type: none"> • FIM Superbike WC - WorldSBK 	18 years	-
<ul style="list-style-type: none"> • FIM Moto3 Junior WC 	16 years	25 years
<ul style="list-style-type: none"> • FIM Supersport WC - WorldSSP 	18 years	-
<ul style="list-style-type: none"> • FIM Sportbike WC - WorldSPB 	16 years	25 years
<ul style="list-style-type: none"> • The maximum age is 25 years (as of 1 January of the corresponding championship year) for new contracted riders competing in the Sportbike category. For riders - who have already participated in the FIM Supersport300 World Championship and/or the FIM Women's Circuit Racing World Championship - and current riders of FIM Sportbike World Championship as contracted riders, wild cards or substitutes, the maximum age is 28 years (as of 1 January of the corresponding championship year). 		
<ul style="list-style-type: none"> • FIM Endurance World Championship : EWC 		
<ul style="list-style-type: none"> • FIM Sidecar WC: drivers & passengers 	18 years	-

	Min.	Max.
• FIM Women's Circuit Racing WC	18 years	-
• Moto4 (Continental Championships)	14 years	
Motocross		
• FIM MXGP Motocross WC	16 years	50 years
• FIM MX2 Motocross WC	15 years	23 years
• FIM Women's Motocross WC	15 years	50 years
• FIM Junior Motocross WC: JMX85	12 years	14 years
• FIM Junior Motocross WC: JMX125	13 years	17 years
• FIM Motocross of Nations: min. as per MXGP, MX2		50 years
• FIM SidecarCross WC: drivers & passengers	16 years	50 years
• FIM SidecarCross of Nations	16 years	50 years
• FIM Supercross WC, SX1	16 years	50 years
• FIM Supercross WC, SX2	15 years	50 years
• FIM S1GP SuperMoto WC	15 years	50 years
• FIM SuperMoto of Nations	15 years	50 years
• FIM SnowCross WC	16 years	50 years
• FIM SnowCross of Nations	16 years	50 years
• FIM FreeStyleCross WC	16 years	50 years
• FIM QuadCross WC	16 years	50 years
• FIM QuadCross of Nations	16 years	50 years
Trial		
	Min.	Max.
• FIM Trial WC: TrialGP/ Trial2	16 years	-
• FIM Women's Trial WC: TrialGP Women	16 years	-
• FIM Trial3 WC: (125cc)	14 years	21 years
• FIM Women's Trial des Nations	14 years	-
• FIM Trial des Nations	16 years	-
If the event is not held on a closed circuit	Holder of a valid driver's licence	
• FIM X-Trial WC	16 years	-
Enduro		
• FIM International Six Days' Enduro	Holder of a valid driver's licence	
• FIM Enduro WC	Holder of a valid driver's licence	

- FIM Junior Enduro WC Holder of a valid driver's licence and under 23 years
- FIM Women's Enduro WC Holder of a valid driver's licence
- FIM SuperEnduro WC 18 years (Prestige)
- FIM Youth Enduro WC Holder of a valid driver's licence and under 21
- FIM Hard Enduro WC 16 years
- FIM Hard Enduro Junior 16 years – 24 years

Cross Country

- FIM World Rally-Raid Championship: RallyGP Holder of a valid driver's licence
- FIM Sand Race WC: Motorcycle 18 years

Track Racing

- | | Min. | Max. |
|--|----------|----------|
| • FIM Speedway Grand Prix WC | 16 years | |
| • FIM SGP2 WC | 16 years | 21 years |
| • FIM SGP3 WC | 13 years | 16 years |
| • FIM SGP4 WC | 11 years | 13 years |
| • FIM Speedway of Nations | 16 years | - |
| • FIM Speedway of Nations 2 WC | 16 years | 21 years |
| • FIM Track Racing World Championship Qualification Meetings | 16 years | - |
| • FIM World Speedway League | 16 years | - |
| • FIM Long Track WC | 16 years | - |
| • FIM Long Track of Nations | 16 years | - |
| • FIM Speedway Best Pairs | 16 years | - |
| • FIM Ice Speedway WC | 16 years | - |
| • FIM Ice Speedway of Nations | 16 years | - |
| • FIM Flat Track WC | 16 years | - |

E-Bike

- FIM E-XPLORER WC 16 years
(or age limit imposed by the laws and regulations of the FMNR)
- FIM EBK WC 18 years
- FIM E-Scooter WC 18 years

B) FIM Prizes

Circuit Racing

	Min.	Max.
• FIM Endurance World Cup	18 years	-
• FIM Endurance World Trophy	18 years	-
• FIM MotoGP Rookies Cup	15 years	21 years
• FIM Dragbike World Cup	16 years	-
• FIM Street Freestyle World Cup	18 years	-
• FIM MotoMini World Series: 160cc	10 years	14 years
• FIM MotoMini World Series: 190cc	12 years	16 years

The limit for the minimum age starts on the date of the riders' birthday

The limit for the maximum age is until the day after the FIM MotoMini World Series final

• FIM Stock World Cup	14 years	-
• FIM Women's Circuit Racing World Cup: 190cc	18 years	-
• FIM Bagger World Cup	18 years	55 years

Motocross

	Min.	Max.
• FIM Junior Motocross World Cup: JMX65	10 years	12 years
• FIM Veteran Motocross World Cup	40 years	55 years
• FIM Vintage Motocross World Cup	40 years	65 years
• FIM Women's SnowCross World Cup	16 years	50 years
• FIM SnowCross World Cup	16 years	50 years
• Arena Cross World Cup	15 years	50 years

Trial

	Min.	Max.
• FIM Trial des Nations – International Trophy	14 years	-
• FIM Trial des Nations Challenge	14 years	21 years
• FIM Women's Trial2 World Cup	14 years	-
If the event is not held on a closed circuit	Holder of a valid driver's licence	
• FIM Trial Vintage / FIM Trial Vintage motorcycle Trophy	Holder of a valid driver's licence	
• FIM X-Trial des Nations	16 years	
• FIM Women's X-Trial Trophy	16 years	

Enduro

	Min.	Max.
• FIM Enduro World Cup (Open 2T and 4T)	Holder of a valid driver's licence	
• FIM Junior Enduro World Cup (Junior 1 and 2)	Under 23 years (at 1 Jan. of the corresponding World Cup's year) and holder of a valid driver's licence	
• FIM Enduro World Cup (Open Senior)	At least 40 years (at 1 Jan. of the corresponding World Cup's year) and holder of valid driver's licence	
• FIM Junior Women's Enduro World Cup	Under 23 years (at 1 Jan. of the corresponding World Cup's year) and holder of a valid driver's licence	
• FIM Hard Enduro World Cup	16 years	
• FIM Hard Enduro Youth World Cup	14 years	20 years
• FIM Hard Enduro Women's World Cup	16 years	-
• FIM Hard Enduro Senior World Cup	40 years	-
• FIM Junior SuperEnduro World Cup	16 years	23 years
• FIM Youth SuperEnduro World Cup	14 years	20 years
• FIM Women's SuperEnduro World Cup (or age limit imposed by the laws and regulations of the FMNR)	16 years	-
• FIM Enduro Vintage World Cup	Holder of a valid driver's licence	
• FIM Enduro Vintage Veteran Trophy Team	50 years	-
• FIM Enduro Vintage Silver Vase Team	40 years	-
• FIM Enduro Vintage Women Club Team	25 years	-
• FIM Enduro Vintage Individual Trophy	Holder of a valid driver's licence	

Cross-Country

	Min.	Max.
• FIM Rally-Raid World Cup – Rally2, Rally3, Quads	Holder of a valid driver's licence	
• FIM Rally-Raid Trophy – Women	Holder of a valid driver's licence	
• FIM Rally-Raid Trophy – Quads	Holder of a valid driver's licence	
• FIM Rally-Raid Trophy – Junior Rally2, Junior Rally3	Holder of a valid driver's licence and under 25	

- FIM Rally-Raid Trophy – Veteran 45 years and Holder of a valid driver's licence
- FIM Rally-Raid Trophy – SSV Holder of a valid driver's licence
- FIM Bajas World Cup – 450cc/over450cc – Women – Quad - Junior: Holder of a valid driver's licence
- FIM Bajas World Cup – SSV Holder of a valid driver's licence
- FIM Bajas World Cup – Veteran Min. 45 years and Holder of a valid driver's licence

- | | Min. | Max. |
|--|----------|----------|
| • FIM Sand Races World Cup – Motorcycle | 18 years | - |
| • FIM Sand Races World Cup – Women | 18 years | - |
| • FIM Sand Races World Cup – Veterans | 38 years | - |
| • FIM Sand Races World Cup – Juniors: Up to 125cc 2-stroke | 13 years | 19 years |
| • FIM Sand Races World Cup – Juniors: Up to 250cc 4-stroke | 15 years | 19 years |
| • FIM Sand Races World Cup – Quads | 18 years | - |
| • FIM Sand Races World Cup – Quads Junior | 15 years | 17 years |
| • FIM Sand Races World Cup – SSV | 16 years | - |

Track Racing

- | | Min. | Max. |
|---|----------|----------|
| • FIM Speedway World Cup | 16 years | - |
| • FIM Speedway Youth Gold Trophy | 11 years | 15 years |
| • FIM Track Racing Youth Gold Trophy | 11 years | 16 years |
| • FIM Speedway Sidecar World Cup | 17 years | - |
| • FIM Long Track under 23 World Cup | 16 years | 23 years |
| • FIM Flat Track World Cup: Youth class | 13 years | 16 years |
| • FIM Flat Track World Cup: Women class | 16 years | - |
| • FIM Women's Speedway Gold Trophy | 13 years | 16 years |
| • FIM Women's Speedway World Cup | 16 years | - |

E-Bike

- | | Min. | Max. |
|--|----------|------|
| • FIM E-Bike Cross World Cup | 10 years | - |
| • FIM E-Bike Enduro World Cup | 14 years | - |
| • FIM E-XPLORER World Cup | 16 years | - |
| (or age limit imposed by the laws and regulations of the FMNR) | | |
| • FIM EBK World Cup | 18 years | - |
| • FIM E-Scooter World Cup | 18 years | - |

C) FIM World Records

	Min.	Max.
For Type VII – Solar/Electric Power Bike		
• FIM World Record Attempt – kg ≤ 150	16 years	-
• FIM World Record Attempt – 150 < kg ≤ 300	18 years	-
• FIM Land Speed World Records	18 years	-

D) Intercontinental Championships

• FIM Intercontinental Games: Supersport 300	16 years	-
• FIM Intercontinental Games: Supersport	18 years	-

E) National Meetings open to Foreign Participation (NMFP)

The following minimum ages listed below are only for recommendation for the FMNR:

Circuit/Road Racing

	Min.	Max.
• NMFP: classes up to 125cc, 2 strokes	12 years	-
• NMFP: classes up to 250cc, 4 strokes, 1 cylinder	12 years	-
• NMFP: classes over 125cc, 2 strokes and over 250cc, 4 strokes	12 years	-
• NMFP Hill Climbs	16 years	-
• NMFP Drag	16 years	-

Motocross

	Min.	Max.
• NMFP: 85cc class	12 years	-
• NMFP: 125cc and 250cc classes	15 years	-
• NMFP: 500cc class	15 years	-
• NMFP SidecarCross: drivers	16 years	-
• NMFP SidecarCross: passengers	16 years	-
• NMFP Supercross	15 years	-
• NMFP SnowCross	16 years	-
• NMFP FreeStyleCross	15 years	-
• NMFP SuperMoto:	15 years	-

Trial

- | | Min. | Max. |
|--|----------|------|
| • NMFP Indoor Trial | 12 years | - |
| | 12 years | - |
| • NMFP Trial
(For recommendation: the Supplementary Regulations must state the actual restrictions on age, respecting national legislation and stipulating any requirements for holding a driving licence). | | |

Enduro

- | | | |
|----------------------|------------------------------------|---|
| • NMFP Quads | Holder of a valid driver's licence | |
| • NMFP Indoor Enduro | 14 years | - |
| • NMFP Enduro | Holder of a valid driver's licence | |

Cross-Country Rally & Baja

- | | Min. | Max. |
|------------------------------|------------------------------------|------|
| • NMFP Cross-country rallies | Holder of a valid driver's licence | |

Track Racing

- | | Min. | Max. |
|---------------------------|----------|------|
| • NMFP Speedway | 16 years | - |
| • NMFP Speedway League | 16 years | - |
| • NMFP Ice Racing | 16 years | - |
| • NMFP Long & Grass Track | 16 years | - |
| • NMFP Motoball | 16 years | - |

E-Bike

- | | Min. | Max. |
|--|----------|------|
| • NMFP E-Bike Cross | 10 years | - |
| • NMFP E-Bike Enduro
(or age limit imposed by the laws and regulations of the FMNR) | 14 years | - |

The minimum ages for each and every discipline and category of events start on the riders' minimum age birthday.

09.2.1 Applicants Aged 50 Years and Over

Applicants aged 50 and over except in Trial must attach to their rider's licence request a certificate of medical fitness including a normal exercise tolerance electrocardiogram which is required at least every 3 years. In Trial an exercise tolerance electrocardiogram is also required if there are known significant risk factors for or history of cardiac disease.

(Refer to the respective appendices for the maximum age limits that apply to certain FIM World Championships and Prizes)

The limit for the maximum age in Circuit Racing GP and WorldSBK World Championships finishes at the end of the year in which the rider reaches the age of 50.

09.3 SPECIAL MEDICAL EXAMINATION

At any time during an event a special medical examination (this may include urine dipstick testing for drugs) may be carried out by an official doctor or by another doctor nominated by the Chief Medical Officer (CMO) at the request of the Race Director, Medical Director, FIM Medical Officer (GP), FIM WorldSBK Medical Director, FIM Medical Director, Jury President, Chief Steward or the FIM Medical Representative.

09.3.1 Refusal to Undergo Special Medical Examination

Any rider who refuses to submit himself to such a special medical examination will be excluded from the event, and notified to his FMN, the Race Direction and the FIM.

09.3.2 List of Medically Unfit Riders (Appendix G)

The CMO shall examine all riders listed as medically unfit who wish to compete in order to assess their medical fitness to do so the day before they use a motorcycle on the track.

The list of medically unfit riders shall be supplied by the Medical Director and/or FIM Medical Officer (GP), FIM WorldSBK Medical Director, FIM Medical Director who will attend this examination. The information provided on this list must be treated in the strictest confidence and must be only made available to the FIM Medical Director/ FIM Medical Officer (GP)/FIM Medical Delegate and the CMO at the event. It is the rider's responsibility to inform the CMO, Medical Director, FIM WorldSBK Medical Director, FIM Medical Director and FIM Medical Officer (GP) of any injury or illness sustained between events for inclusion in the list.

09.3.3 Medical Fitness to Race

- a) A rider must be sufficiently medically fit to control his motorcycle safely at all times. There must be no underlying medical disorder, injury or medication that may prevent such control or place other riders at risk. Failure of a rider to disclose such a condition may lead to the application of sanctions.

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- b) Riders will not be permitted to participate in practice or competition until at least 48 hours have elapsed following any general, epidural, spinal or regional anaesthesia.
 - c) In the event of a suspected concussion the rider should be assessed and managed in accordance with the FIM Concussion Guidelines (Appendix M). If the assessment confirms a concussion the rider should immediately be excluded from competition.
 - d) Prior to returning to competition the rider should be assessed for and provide documentary evidence of a return to normal neuro- psychological function in accordance with the current FIM Concussion Guidelines (Appendix M).
 - e) Following injury or illness, the decision regarding medical fitness to return to competition is normally at the discretion of the CMO. The decision should be made on an individual case by case assessment and informed by relevant medical reports from the practitioner treating the rider including details of X-rays, scans, analyses, other investigations and any interventions which must be provided to the CMO, if available before assessing a rider's fitness to return to competition.

As necessary and appropriate decisions regarding fitness to compete should be made in consultation with the Medical Director, FIM WorldSBK Medical Director, FIM Medical Officer (GP), FIM Medical Director and/or FIM Medical Representative, if present.

For MotoGP only:

The following information should be provided as relevant for the medical assessment to return to competition:

Head injury and concussion;

- Hospital medical reports including neurological / neurosurgical
- FIM Concussion Guidelines (Appendix M)
- Cerebral MRI reports

Abdominal/thoracic injury:

- Medical report confirming resolution of injury and return to normal function and activity
- Radiology reports of computerised tomography (CT) or MRI scans demonstrating progress and resolution of injuries to internal organs (lungs, liver, spleen, kidneys) with particular reference to vascular injury

Significant musculoskeletal injuries (such as fractures requiring surgery, compound or complex fractures);

- Full medical report of the injury, interventions, progression, and outcomes

- Medical discharge report indicating any potential sequelae including risk from further injury
- Radiological confirmation of sufficient resolution of injury including post-surgical helical CT scan

In case of doubt, the CMO, the MotoGP Medical Director and the FIM Medical Officer (GP) can request further opinion on the reports and evidence provided for resolution (fit or unfit).

09.3.4 Riders with Special Medical Requirements

Riders with certain medical conditions and who may require special treatment in the event of injury, who have been in hospital during the previous 12 months or who are being treated for any medical conditions are responsible for informing the CMO, Medical Director, FIM WorldSBK Medical Director, FIM Medical Officer (GP) and FIM Medical Director before the event regarding their condition and that they may require such special treatment.

09.4 MEDICAL SERVICES AT EVENTS

- a) Any treatment at the circuit during an event is free of charge to the riders. The costs for transferring an injured rider to a hospital designated by the CMO are the responsibility of the organiser of the event.
- b) Medical services must guarantee assistance to all riders as well as any other authorised persons injured or taken ill at the circuit during event.
- c) A medical service for the public, separate from the above services must be provided by the event organisers. This service is not described in this code but must conform to any regulation enforced by the relevant country and reflect the size of crowd expected. This service must be controlled by a deputy CMO or another doctor but not directly by the CMO.
- d) Unless otherwise authorised by the rider the CMO, the Medical Director, the FIM WorldSBK Medical Director, the FIM Medical Director, the FIM Medical Officer (GP) and the Clinica Mobile and the new MotoGP Health Center other members of the medical services, are not authorised to make statements to any third party, other than immediate relatives, about the condition of injured riders, without reference to and authorisation from the FIM and the promoter.
- e) All doctors must adhere to their professional ethics and medical codes of practice at all times.

- f) Appropriate medical services must be available continuously, from at least one hour before the start of the first practice for the event, until at least one hour after the last rider has finished.
- g) Emergency medical resources including helicopters, when required, medical vehicles, their crews and medical personnel must be available at all times during track activity, with emergency response being their absolute priority. If an emergency helicopter, medical vehicles or personnel required for the event becomes unavailable for any reason, all track activities must be stopped until the situation is resolved.

For FIM GP WC and WorldSBK events:

Appropriate medical services should be available continuously when teams and officials are present at the circuit and in the paddock, that is normally, from at least 08:00hrs on the Monday before the race until at least 20:00hrs on the Monday after the race. In any case the CMO will consult with the FIM Medical Officer (GP) before stopping any service provision at the medical centre.

- h) Appropriate medical services are defined as follows:
 1. During all official track activity, a fully functional medical services, including medical centre, ground posts, vehicles, helicopter and personnel in accordance with the circuit medical homologation.
 2. During the days with track activity as well as the day before it begins the Medical Centre must be fully staffed in accordance with the medical homologation from 08:00hrs or at least 1 hour before the track activity commences until 20:00hrs or at least three hours after the end of the last race or track activity.
 3. In MotoGP, the CMO, Medical Intervention Team (MIT) personnel, Medical Centre personnel and the FIM Medical Officer (GP) must attend the simulation and training on the day prior to the event. All appropriate medical vehicles, equipment and devices must also be available.
 4. At all other times when there is no official track activity as above from 08:00hrs on the Monday before the event until 20:00hrs on the day after the event there must always be a doctor and a nurse/ paramedic with an ambulance available at the Medical Centre.
- i) At events where no one sleeps in the paddock overnight it may be permissible following consultation with the FIM Medical Director/ Representative to not have any medical staff available from 23:00hrs to 07:00hrs.
- j) The full Medical service available for FIM events must remain in place for any national or supporting races that occur during FIM events and that the FIM procedure in case of serious/fatal accidents must be followed.

09.4.1 The Chief Medical Officer (CMO)**CMO:**

1. Is a holder of the corresponding official's licence in relevant disciplines (see Art. 09.4.2); this licence is valid for a maximum term of three years and shall be issued by the FIM.
2. Is appointed by the FMNR/ Organiser.
3. Should be the same throughout the event.
4. Must be able to communicate in at least one of the FIM official languages, either English or French.
5. Should be familiar with the FIM Medical Code and FIM Anti-Doping Code.
6. Must be named in the Supplementary Regulations/event information.
7. Must be a fully registered medical practitioner authorised to practice in the relevant country or state in which the event is taking place.
8. Must have malpractice insurance appropriate to the relevant country or state, where the event is being held.
9. Must be familiar with the circuit and the organisation of the medical services at which he is appointed.
10. Must be familiar with the principles of emergency medical care and the associated organisational requirements necessary for a circuit medical service to deliver effective emergency medical interventions to injured riders in keeping with current accepted best practice.
11. Is responsible for the positioning of medical and paramedical personnel and vehicles under his control.
12. Must complete the FIM CIRCUIT CMO QUESTIONNAIRE (Appendix F) and return it to the FIM, Medical Director, FIM WorldSBK Medical Director, FIM Medical Director and FIM Medical Officer (GP) at least 60 days prior to the event. Failure to comply with this deadline may result in sanctions being applied. The Circuit CMO Questionnaire must be accompanied by:
 - a) A medical plan and maps of the medical service including the position and number of all of the medical resources including all personnel and vehicles.
 - b) A plan of the circuit medical centre.
 - c) A map showing the location, distances and routes to the designated hospitals.

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- d) A list of the doctors including a brief professional curriculum vitae of their experience and qualification relevant to the provision of out of hospital emergency medical care (only in Circuit Racing). For the other disciplines: a list of doctors with their speciality. This should be presented at the latest on the day before the event following the initial track safety inspection.
13. No alterations to the questionnaire and associated medical plan and circuit map showing the position of the medical personnel and vehicles, are permitted without previous consultation with the Medical Director and/or FIM Medical Officer (GP)/FIM WorldSBK Medical Director, FIM Medical Director and FIM Medical Representative.
14. Must contact, in writing, at least 60 days before the event, hospitals in the vicinity of the event that are able to provide the following specialist services and include them in the questionnaire:
- a) CT Scan
 - b) MRI
 - c) Trauma resuscitation
 - d) Neurosurgery
 - e) General surgery
 - f) Vascular surgery
 - g) Trauma and orthopaedic surgery
 - h) Cardio-thoracic surgery
 - i) Intensive care
 - j) Burns and plastic surgery
15. Must send copies electronically to the FIM and Medical Director, FIM WorldSBK Medical Director, FIM Medical Director, FIM Medical Officer (GP) at least 30 days before the event and have available at the event the letters they have written to the hospitals and copies of the letters of confirmation that every hospital to be used for treatment of injured persons is aware that the event is taking place and is prepared to accept and treat injured riders with minimum delay. The letter of confirmation of every hospital must mention its equipment (x-ray, scanner etc.) the name (and telephone numbers) of the doctor in charge for each day and a map showing the quickest route from the circuit to the hospital.
16. Any change to the above-mentioned information must be immediately forwarded to the FIM, Medical Director, FIM WorldSBK Medical Director, FIM Medical Director and FIM Medical Officer (GP).
17. Should attend the meetings of the International Jury, Event Management Committee or Race Direction.
18. Must attend the safety/track inspection together with the Clerk of the Course and the Race Director/Direction one day prior to the first practice session.
19. Will collaborate with the Medical Director, FIM WorldSBK Medical Director, FIM Medical Officer (GP) and FIM Medical Representative to organize a simulation of a medical intervention on track on the day prior to the first practice session.

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20. Must brief the medical personnel prior to the start of the first practice session of the event, as well as debrief the personnel after the event.
- a) This briefing should include practical scenario-based examples of incident responses.
 - b) Compulsory scenario-based demonstration and training in the initial response to and management of an injured rider should take place on the day before the event and be attended by the CMO, Medical Director, FIM WorldSBK Medical Director, FIM Medical Director, FIM Medical Officer (GP) and the FIM Medical Representative (only for Circuit Racing).
 - c) To inspect the circuit with the Medical Director, FIM WorldSBK Medical director, FIM Medical Officer (GP), FIM Medical Director, Clerk of the Course and Race Director the day before the first practice session. A further check will be made no later than 30 minutes before the first practice session or race each day to ensure that all medical facilities and staff, including the Medical Centre are ready to function and in accordance with the agreed medical plan and the Medical Code, and to report any shortcomings to the Medical Director, FIM Medical Officer (GP), FIM WorldSBK Medical Director, FIM Medical Director, Race Director and FIM Safety Officer.
21. When motorcycles are on the track the CMO:
- a) must be stationed in Race Control.
 - b) must be in close proximity to and liaise directly with the Medical Director (in MXGP), FIM WorldSBK Medical Director, FIM Medical Officer (GP), FIM Medical Representative, Clerk of the Course and Race Director.
 - c) must be in direct communication with the medical ground posts, ambulances, medical vehicles and medical centre at all times, and test this communication at the start of each day before or during the medical assessment.
 - d) provide immediate updates from trackside medical personnel to the Medical Director, FIM Medical Officer (GP), FIM WorldSBK Medical Director, FIM Medical Director and Race Direction regarding the condition of any injured rider in order to facilitate the most appropriate medical response to their condition.
 - e) participate with the Medical Director (in MXGP), FIM WorldSBK Medical Director, FIM Medical Officer (GP) and Race Direction in the immediate deployment of appropriate medical resources to injured riders.
22. Must recommend to the Race Director/Clerk of the Course that a practice session or a race be stopped if:
- a) There is danger to life or of further injury to a rider or officials attending an injured rider if other riders continue to circulate.
 - b) The Medical personnel are unable to reach or treat a rider for any reason.

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- c) If a rider is unconscious or suspected of having a spinal or other serious injuries and will require prolonged trackside medical intervention. Such information must be communicated immediately to the CMO by ground post personnel.
 - d) There is a risk of physiological harm to riders or of inability by riders to control their motorcycle, due to extreme weather conditions. In such circumstances of actual or potential harm from extreme weather conditions such as extreme heat the CMO and FIM Medical Director or FIM Medical Representative, if present, should consider and recommend to the Race Director and other FIM Officials including the FIM Safety Officer, FIM Jury President, FIM Jury Members and FIM Stewards that the race distance and length of sessions be adjusted accordingly with the provision of adequate periods for rest, recovery and rehydration. If necessary and appropriate the CMO and FIM Medical Representative can recommend that the race be stopped.
23. Must inform and update the Medical Director, FIM WorldSBK Medical Director, FIM Medical Officer (GP), FIM Medical Director, regarding the condition of injured riders and liaise with the relevant hospitals to ascertain and report the progress of their condition and treatment.
 24. Will prepare a list of injured riders (Medically Unfit List) to be given to the Medical Director, FIM WorldSBK Medical Director, FIM Medical Director, FIM Medical Officer (GP) and FIM Medical Representative.
 25. Shall ascertain that fallen riders during practice are medically fit to continue in competition. All riders injured during an event who refuse or avoid a Special Medical Examination must be placed on the Medically Unfit List.
 26. In accordance with normal medical practice will complete a clinical record of all medical examinations and assessments. A copy of the clinical record should be provided to the rider or their nominated representative to facilitate ongoing treatment after the event and referral to the rider's medical insurance provider.
 27. Will meet with the Medical Director and/or the FIM Medical Officer (GP), FIM WorldSBK Medical Director, FIM Medical Director, FIM Medical Representative every morning after the medical review, and every afternoon after the official activity has ended to discuss the medical interventions and the status of any injured riders. Evaluation of the interventions should include video of the performance of the medical activity. Such evaluation will then be included in and inform the subsequent briefing of the medical personnel by the CMO.
 28. To participate with the Medical Director, FIM Medical Officer (GP) and FIM Medical Representative if present in decisions regarding riders who have been injured and who wish to compete.
 29. Must ensure an interpreter in English is available in the hospital permanently when an injured rider is there.

30. Must send electronically the completed Appendices A, G and L to the FIM Medical Department at cmi@fim.ch by the day following the event. (The forms are available from the FIM Medical Department [and FIM website \(Medical\)](#)).
31. Must liaise with the Medical Director and/or FIM Medical Officer (GP), FIM WorldSBK Medical Director, FIM Medical Director and FIM Medical Representative during the year before the event to manage and improve the medical service in any way necessary and ensure the requirements of the FIM Medical Code are completely respected.

09.4.2 FIM World Championships & Prizes Requiring a Licensed CMO

A CMO must be a holder of a CMO licence in the FIM World Championships and Prizes as listed in the current FIM Seminar Guidelines. Any deputy CMO who replaces the CMO in any of their duties must also be the holder of a CMO licence. This requirement is recommended for all other deputy CMOs.

09.4.3 FIM World Championships & Prizes for which the Chief Medical Officer is required to hold a CMO Superlicence

A CMO must be holder of a CMO Superlicence in the FIM World Championships and Prizes listed in the FIM Seminar Guidelines. Any deputy CMO who replaces the CMO in any of their duties must also be the holder of a CMO Superlicence. This requirement is recommended for all other deputy CMOs.

New CMO must follow the learning requirements described in the FIM Seminar Guidelines to obtain the CMO Superlicence.

The CMI could request any CMO to follow the learning requirements foreseen in the FIM Seminar Guidelines if they deem it necessary.

The CMI reserves the right to withhold a CMO Superlicence until they deem necessary.

09.4.4 Medical Director (GP)

The Medical Director will be appointed by the contractual partner.

In FIM Circuit Racing GP WC his duties shall be:

1. The CMO's point of reference for all medical aspects during the week of the race, as well as the months before during its preparation in collaboration with the FIM Medical Officer (GP).
2. To ensure that all aspects of the medical service including the local medical service, MotoGP™ Health Center and the FIM Medical Intervention Team are to the required standards.
3. To be able to communicate at all times with all elements of the medical service in order to be fully informed of any medical issues.

4. To inspect the circuit with the CMO, FIM Medical Officer (GP), Clerk of the Course and Race Director the day before the first practice session. A further check will be made no later than 30 minutes before the first practice session or race each day to ensure that all medical facilities and staff including the Medical Centre are ready to function and in accordance with the agreed medical plan and the Medical Code, and to report any shortcomings to the CMO, FIM Medical Officer (GP), Race Director and FIM Safety Officer.
5. To receive from the CMO a signed copy of the FIM Circuit Medical Report Form and the medical plan as agreed during the FIM Medical Homologation and to ensure that the facilities comply with it.
6. To ensure in collaboration with the FIM Medical Officer (GP) and CMO that all necessary steps are taken to address any deficiencies in the medical plan or performance of the medical responses.
7. To inform the Race Director in consultation with the FIM Medical Officer (GP) and CMO of any situations where it may be necessary to stop the event in order to deploy the medical intervention vehicles.
8. To in conjunction with the FIM Medical Officer (GP) and CMO ensure that the intervention in the event of an injured rider is adequate, timely and appropriate.
9. To participate as necessary with the CMO and the FIM Medical Officer (GP) in decisions regarding riders who have been injured and who wish to compete and there is uncertainty as to their medical fitness to do so.
10. To assist the FIM Medical Officer (GP) in ensuring the requirements of the FIM Medical code are met.
11. To meet with the CMO and the FIM Medical Officer (GP) every morning after the medical review, and every afternoon after the official activity has ended to discuss the medical interventions and the status of any injured riders.
12. Evaluation of the interventions should include video of the performance of the medical activity. Such evaluation will then be included in and inform the subsequent briefing of the medical personnel by the CMO.
13. To visit the designated hospital for a first event or if there is a change in the designated hospital to ensure the services provided are in accordance with the FIM Medical Code.
14. Must liaise with the FIM Medical Officer (GP) and CMO during the year before the event to manage and improve the medical service in any way necessary and ensure the requirements of the FIM Medical Code are completely respected.

09.4.5 FIM WorldSBK Medical Director

The FIM WorldSBK Medical Director will be a member of the FIM Medical Commission appointed by the FIM in consultation with the Contractual Partner.

The duties of the FIM WorldSBK Director shall be:

1. The CMO's point of reference for all medical aspects during the week of the race, as well as the months before during its preparation.
2. To ensure that all aspects of the medical service including the local medical service, the Clinica Mobile are to the required standards.
3. To be able to communicate at all times with all elements of the medical service in order to be fully informed of any medical issues.
4. To inspect the circuit with the CMO, Clerk of the Course and Race Director the day before the first practice session. A further check will be made no later than 30 minutes before the first practice session or race each day to ensure that all medical facilities and staff including the Medical Centre are ready to function are in accordance with the agreed medical plan and the Medical Code, and to report any shortcomings to the CMO, Race Director, FIM Safety Officer, and FIM Medical Representative.
5. To receive from the CMO a signed copy of FIM Circuit Medical Report Form, and the medical plan as agreed during the FIM Medical Homologation and to ensure that the facilities comply with it.
6. To ensure in collaboration with the FIM Medical Representative and CMO that all necessary steps are taken to address any deficiencies in the medical plan or performance of the medical responses.
7. To be present in Race Control when motorcycles are on the track to observe the performance of the medical responses and to direct and advise the CMO and Race Direction accordingly.
8. To inform the Race Director in consultation with the CMO of any situations where it may be necessary to stop the event in order to deploy the medical intervention vehicles.
9. To ensure in conjunction with the CMO that the intervention in the event of an injured rider is adequate, timely and appropriate.
10. To participate as necessary with the CMO and the FIM Medical Representative in decisions regarding riders who have been injured and who wish to compete and there is uncertainty as to their medical fitness to do so.
11. To attend Event Management Committee meetings.
12. To assist the FIM Medical Representative in ensuring the requirements of the FIM Medical code are met.

13. To obtain from the CMO at the end of each practice session or race a list of fallen riders and to ensure that the list of medically unfit riders held by the CMO is up to date to ensure medically unfit riders are not allowed on the circuit.
14. To meet with the CMO every morning after the medical review, and every afternoon after the official activity has ended to discuss the medical interventions and the status of any injured riders. Evaluation of the interventions should include video of the performance of the medical activity. Such evaluation will then be included in and inform the subsequent briefing of the medical personnel by the CMO.
15. To visit the designated hospital for a first event or if there is a change in the designated hospital to ensure the services provided are in accordance with the FIM Medical Code.
16. To receive from the CMO the List of Medically Unfit riders and forward it to the CMO of the next event.
17. To provide a full written report to the FIM regarding the performance of the medical service and the status of the medical homologation with if necessary any recommendations required for improvement.
18. Must liaise with CMO during the year before the event to manage and improve the medical service in any way necessary and ensure the requirements of the FIM Medical Code are completely respected.

09.4.6 FIM Medical Officer (GP)

The FIM Medical Officer (GP) at an event will be a member of the FIM Medical Commission.

The duties of the FIM Medical Officer (GP) will be:

1. The CMO's point of reference for all medical aspects during the week of the race, as well as the months before during its preparation in collaboration with the Medical Director.
2. To represent and be responsible to the FIM and the FIM International Medical Commission.
3. To undertake as required medical assessments for the FIM Medical Homologation of the circuit and to make relevant recommendations accordingly.
4. To visit the designated hospital for a first event or if there is a change in the designated hospital to ensure the services provided are in accordance with the FIM Medical Code.
5. To receive and review the CMO Medical Questionnaire in advance of the event to confirm it is in compliance with the FIM Medical Homologation and the FIM Medical Code.

6. To ensure the medical service provision is in accordance with the requirements of the FIM Medical Code.
7. To inspect the circuit with the CMO, Medical Director, Clerk of the Course and Race Director the day before the first practice session. A further check will be made no later than 30 minutes before the first practice session or race each day to ensure that all medical facilities and staff including the Medical Centre are ready to function and in accordance with the agreed medical plan and the Medical Code, and to report any shortcomings to the CMO, Medical Director, Race Director and FIM Safety Officer.
8. To be present in Race Control when motorcycles are on the track to observe the performance of the medical responses and to direct and advise the CMO and Race Direction accordingly.
9. To liaise with the CMO and the MotoGP™ Health Center during medical interventions and when medical care is being provided to riders.
10. To obtain from the CMO at the end of each practice session or race a list of fallen riders and to ensure that the list of medically unfit riders held by the CMO is up to date to ensure medically unfit riders are not allowed on the circuit.
11. To be in direct communication with the members of the FIM Medical Intervention Team, as well as the drivers of these vehicles.
12. To inform the Race Director in consultation with the CMO of any situations where it may be necessary to stop the event in order to deploy the medical intervention vehicles.
13. To observe and advise the application of the FIM Medical Code and make recommendations accordingly.
14. To inform the Chief Steward, the FIM Medical Commission, the Medical Director and if necessary the Race Direction of any medical arrangement that contravenes the FIM Medical Code.
15. To participate with the Medical Director and CMO in the daily medical reviews of the track to ensure that medical facilities are in accordance with the agreed medical plan and Medical Code and to report any shortcomings to the Race Director, FIM Safety Officer, Medical Director and CMO as appropriate.
16. To ensure in collaboration with the Medical Director and CMO the response of the medical service is fit for purpose and to the required standard on the track and in the medical centre through direct observation and in Race Control.
17. To ensure in collaboration with the Medical Director and CMO that all necessary steps are taken to address any deficiencies in the medical plan or performance of the medical responses.

18. To in conjunction with the Medical Director and CMO ensure that the intervention in the event of an injured rider is adequate, timely and appropriate.
19. To assist the Medical Director and CMO in ensuring the medical service provision is to the required operational standard.
20. To participate as necessary with the CMO and the Medical Director in decisions regarding riders who have been injured and who wish to compete and there is uncertainty as to their medical fitness to do so.
21. To attend Event Management Committee meetings.
22. Will meet with the CMO and Medical Director every morning after the medical reviews, and every afternoon after the official activity has ended to discuss the medical interventions and the status of any injured riders. Evaluation of the interventions should include video of the performance of the medical activity. Such evaluation will then be included in and inform the subsequent briefing of the medical personnel by the CMO.
23. To provide a full written report to the FIM regarding the performance of the medical service and the status of the medical homologation with if necessary any recommendations required for improvement.
24. To provide a full written report to the CMO with an evaluation of the Medical Service during the weekend. The report should include aspects requiring improvement prior to the next race and reflect good practice by the medical service during the event.
25. To receive from the CMO the List of Medically Unfit riders and forward it to the CMO of the next event.
26. Must liaise with the Medical Director and CMO during the year before the event to manage and improve the medical service in any way necessary and ensure the requirements of the FIM Medical Code are completely respected.

09.4.7 FIM Moto3 Junior Medical Director

The FIM **Moto3 Junior** Medical Director will be a member of the FIM Medical Commission appointed by the FIM in consultation with the Contractual Partner.

The duties of the FIM **Moto3 Junior** Medical Director shall be:

1. The CMO's point of reference for all medical aspects during the week of the race, as well as the months before during its preparation.
2. To ensure that all aspects of the medical service are to the required standards.
3. To be able to communicate at all times with all elements of the medical service in order to be fully informed of any medical issues.

4. To inspect the circuit with the CMO, Clerk of the Course and Race Director no later than 30 minutes before the first official practice session or race each day to ensure that all medical facilities and staff including the Medical Centre are ready to function in accordance with the agreed medical plan and the Medical Code, and to report any shortcomings to the CMO, Race Director, FIM Safety Officer and FIM Stewards.
5. To receive from the CMO a signed copy of FIM Circuit Medical Report Form, and the medical plan as agreed during the FIM Medical Homologation and to ensure that the facilities comply with it.
6. To ensure in collaboration with the CMO that all necessary steps are taken to address any deficiencies in the medical plan or performance of the medical responses.
7. To be present in Race Control to observe the performance of the medical responses and to direct and advise the CMO and Race Direction accordingly unless required elsewhere for example in the Medical Centre to observe and if necessary and appropriate to assist in the assessment and management of injured riders.
8. To inform the Race Director in consultation with the CMO of any situations where it may be necessary to stop the event in order to deploy the medical intervention vehicles.
9. To ensure in conjunction with the CMO that the intervention in the event of an injured rider is adequate, timely and appropriate.
10. To participate as necessary with the CMO in decisions regarding riders who have been injured and who wish to compete and there is uncertainty as to their medical fitness to do so.
11. To attend Event Management Committee and Race Direction meetings.
12. To assist in ensuring the requirements of the FIM Medical Code are met.
13. To obtain from the CMO at the end of each practice session or race a list of fallen riders and to ensure that the list of medically unfit riders held by the CMO is up to date to ensure medically unfit riders are not allowed on the circuit.
14. To meet with the CMO every morning after the medical review, and every afternoon after the official activity has ended to discuss the medical interventions and the status of any injured riders.
15. Evaluation of the interventions should include video of the performance of the medical activity. Such evaluation will then be included in and inform the subsequent briefing of the medical personnel by the CMO.
16. To visit the designated hospital for a first event or if there is a change in the designated hospital to ensure the services provided are in accordance with the FIM Medical Code requirements.

17. To receive from the CMO the List of Medically Unfit riders and forward it to the CMO of the next event.
18. To provide a full written report to the FIM regarding the performance of the medical service and the status of the medical homologation with if necessary any recommendations required for improvement.
19. Must liaise with CMO during the year before the event to manage and improve the medical service in any way necessary and ensure the requirements of the FIM Medical Code are completely respected.
20. To communicate with and forward lists of unfit riders to the FIM Medical Directors and Medical Officers in other FIM championships in which the riders also compete.

09.4.8 FIM Medical Representative

The FIM Medical Representative at an event will be a member of the FIM Medical Commission.

The duties of the FIM Medical Representative will be:

1. To represent and be responsible to the FIM and the FIM International Medical Commission.
2. To inspect the circuit with the CMO, Medical Director, Clerk of the Course and Race Director the day before the first practice session. A further check will be made no later than 30 minutes before the first practice session or race each day to ensure that all medical facilities and staff including the Medical Centre are ready to function and in accordance with the agreed medical plan and the Medical Code, and to report any shortcomings to the CMO, Medical Director, Race Director and FIM Safety Officer.
3. To visit the designated hospital for a first event or if there is a change in the designated hospital to ensure the services provided are in accordance with the FIM Medical Code.
4. To receive and review the CMO Medical Questionnaire in advance of the event to confirm it is in compliance with the FIM Medical Homologation and the FIM Medical Code.
5. To ensure the medical service provision is in accordance with the requirements of the FIM Medical Code.
6. To observe and advise the application of the FIM Medical Code and make recommendations accordingly.
7. To inform the Chief Steward, the International Jury, the FIM Medical Commission, the Medical Director, and if necessary the Race Direction of any medical arrangement that contravenes the FIM Medical Code.

8. To participate with the Medical Director, and CMO in the daily medical reviews of the track to ensure that medical facilities are in accordance with the agreed medical plan and Medical Code and to report any shortcomings to the Race Director, FIM Safety Officer, Medical Director and CMO as appropriate.
9. To ensure in collaboration with the Medical Director and CMO the response of the medical service is fit for purpose and to the required standard on the track and in the medical centre through direct observation and in Race Control.
10. To ensure in collaboration with the Medical Director and CMO that all necessary steps are taken to address any deficiencies in the medical plan or performance of the medical responses.
11. To in conjunction with the Medical Director and CMO ensure that the intervention in the event of an injured rider is adequate, timely and appropriate.
12. To assist the Medical Director and the CMO in ensuring the medical service provision is to the required operational standard.
13. To participate as necessary with the CMO and the Medical Director in decisions regarding riders who have been injured and who wish to compete and there is uncertainty as to their medical fitness to do so.
14. To attend Event Management Committee, and International Jury meetings.
15. To provide a full written report to the FIM regarding the performance of the medical service and the status of the medical homologation with if necessary any recommendations required for improvement.

See also Article 09.6

09.4.9 FIM Medical Director in FIM MXGP & MX2 Events

The FIM Medical Director at an event will be a member of the FIM Medical Commission and is appointed by the Director of the Medical Commission in consultation with the Director of the Motocross Commission.

A. Overall Role and Responsibilities

The duties of the FIM Medical Director at an MX event shall be:

1. To receive from the CMO a signed copy of the Circuit CMO Questionnaire (appendix F) and to ensure that the facilities comply with it.

2. To inspect the circuit with the CMO and Race Director the day before the first practice session. A further check will be made no later than 30 minutes before the first practice session and at least 15 minutes before the start of subsequent session or race each day to ensure that all medical facilities and staff including the Medical Centre are ready to function and in accordance with the agreed medical plan and the Medical Code, and to report any shortcomings to the CMO, Race Director and FIM Delegate.
3. To obtain from the CMO at the end of each practice session or race a list of injured competitors and to ensure that the list of unfit competitors established by the Medical Director is up to date to ensure unfit competitors are not allowed on the circuit.
4. To attend serious incidents with the CMO or his nominated deputy and render such assistance as may be necessary and to deal with any issues with the medical service around the circuit. A motorcycle or quad if possible should be provided to facilitate this.
5. To observe the promptness and appropriateness of rescue actions and interventions during the event. Whenever possible the Medical Director should be able to watch each race on television with the Race Director to ensure maximum coverage and facilitate rapid decision making.
6. To examine with CMO all competitors listed as injured (Unfit Competitors/Riders List) who wish to compete and to assess and agree their fitness to do so.
7. To attend meetings of the Race Direction.
8. To observe and advise regarding the appropriate application of the Medical Code.
9. To inform the Race Direction, and if necessary the FIM Medical Commission of any medical arrangement that contravenes the FIM Medical Code.
10. To advise regarding the fitness to compete, or otherwise, of an injured competitor.

B. Rules of Engagement

1. The Medical Director will work in co-operation with the Race Director and FIM Delegate.
2. The Medical Director will report to the Race Director and FIM Delegate any necessary interventions regarding the medical service.
3. The Medical Director is the final arbiter in relation to medical issues at the event.
4. The Medical Director is independent of the promoter, the organizer and the teams.

5. The Medical Director is a member of the FIM International Medical Commission.
6. The Medical Director is responsible to the FIM.
7. The Medical Director is not responsible for the treatments of the medical service but will ensure that it is sufficient, appropriate and in accordance with the FIM Medical Code.
8. The Medical Director will report any concerns or deficiencies relating to the event medical service provision to the Race Director and FIM Delegate and present proposals to resolve such concerns.
9. In extreme circumstances the Medical Director may in collaboration with the Race Director propose to the Event Management to delay the practice sessions or races or in exceptional circumstances recommend its cancellation.
10. The CMO has the overall responsibility for the medical service.
11. In any case of uncertainty, the Medical Director will contact the Director of the FIM Medical Commission or a medical colleague of the Bureau of the FIM Medical Commission.
12. The Medical Director will send the list of fit and unfit riders to the Medical Commission Coordinator and other relevant officials for onward transmission to the CMO at the following event.
13. The Medical Director will be provided with accident and injury statistics from each event and forward these to the CMI Coordinator for collation.
14. The Medical Director will provide a report to the CMS & CMI Coordinators, CMI Director, CMS Director, Race Director and the Promoter following each event.
15. The Medical Director is available for medical questions and advice for riders, teams and the Promoter and other and will liaise with the CMO and the local medical services on their behalf.
16. The Medical Director will if necessary attend the hospital to ensure the prompt and appropriate treatment of riders and officials if required and to ascertain the arrangements for repatriation.
17. The Medical Director will ensure that arrangements are in place to receive information and updates from the hospitals regarding the condition of injured riders.
18. The Medical Director will provide advice regarding anti-doping requirements to the riders, their doctors, their teams and the CMO.

The overall aim of the Medical Director is to ensure that all participants are provided with rapid, appropriate and all necessary medical care of the highest standard at each event.

This list is not exhaustive and also includes any other duties that are required to ensure the safety and wellbeing of the participants and to ensure the event medical service is in accordance with the FIM Medical Code.

C. Other Duties, Roles and Responsibilities Before and During an Event

1. Prior to the event the Medical Director must receive the CMO Questionnaire as required by and in accordance with the FIM Medical Code.
2. Any injured rider must first be seen and assessed by the official event medical service and CMO for emergency treatment and be declared fit or unfit to compete as appropriate. He may then attend any other doctor of his choice. If the CMO advises against this, the rider must sign a declaration that he is seeking other advice and treatment (Appendix C). If necessary the Medical Director is able to overrule the CMO.
3. Any rider, who, after treatment by a doctor not part of the event medical service, wishes to ride, must first obtain authorization for this from the CMO of the event or his deputy, who should consider any recommendation by the doctor treating him. A full report has to be given in writing to the Medical Director.

D. Friday

The following times may be subject to change

- a) 14:00 hours: meeting between CMO and Medical Director.
- b) 15:00 hours: participate in inspection of the track.
- c) 16.30 hours: hold final meeting and pre-briefing with CMO.
- d) 17:00 hours: attend organizers meeting.
- e) 17:30 hours: control of medically unfit riders.
- f) 18:00 hours: visit local hospitals (if necessary).
- g) To review the FIM Circuit Medical Report Form and ensure the medical service provision is in compliance (app. F).
- h) To check Medical Centre, equipment, facilities and personnel.
- i) To check equipment of Ground Posts (radio communication, type of stretcher, cervical immobilization equipment etc.).
- j) To check types of ambulances and their equipment.
- k) To check anti-doping facilities.

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- l) To check circuit and route maps and evacuation roads.
 - m) To check “List of Medically Unfit Riders”.
 - n) To remind CMO of requirements of FIM Medical Code.
 - o) To confirm all arrangements with the hospitals are in place and confirmed.
 - p) To report any shortcomings to the Race Director and FIM Officials.
 - q) To be present at and participate in the meeting with organizer.
 - r) To check the helicopter landing area.

E. Saturday

- a) Together with CMO attend briefing for medical personnel.
- b) Inspect the ground posts, ambulances and Medical Center at least 30 minutes before the start of the first session.
- c) If necessary brief CMO to make final changes on the track.
- d) Final checks made by Medical Director during practice.
- e) CMO to inform the Medical Director about any incidents and interventions at the track and in the Medical Center and any referrals to hospital.
- f) The Medical Director will join all Race Direction meetings during the day.
- g) To examine with CMO all riders listed as injured, who wish to compete to assess and advise regarding their medical fitness to do so.
- h) To obtain from the CMO at the end of each day a list of injured riders.
- i) To attend serious incidents with CMO.
- j) To receive copy of “List of Medically Unfit Riders” from CMO.

F. Sunday

- a) Together with CMO attend briefing for medical personnel.
- b) Inspect the ground posts, ambulances and Medical Center at least 30 minutes before the start of the first session.
- c) If necessary brief CMO to make final changes on the track.
- d) Final checks made by Medical Director during practice.
- e) CMO to inform the Medical Director about any incidents and interventions at the track and in the Medical Center and any referrals to hospital.
- f) The Medical Director will join all Race Direction meetings during the day.

- g) To examine with CMO all riders listed as injured, who wish to compete to assess and advise regarding their medical fitness to do so.
- h) To obtain from the CMO at the end of each day a list of injured riders.
- i) To attend serious incidents with CMO.
- j) To receive copy of “List of Medically Unfit Riders” from CMO.
- k) The Medical Director will receive a list of unfit riders during the final meeting of Race Direction from the CMO.
- l) The Medical Director will forward the “List of Unfit riders” to the CMO and Medical Director of the next event.

09.4.10 Speedway Grand Prix FIM Medical Delegate – Duties

Beside their usual FIM duties (verification of the medical facilities, ambulances and anti-doping facilities at the stadium and hospital), the SGP Medical Delegate who is appointed by the FIM must:

- a) Attend all the Jury Meetings and wear FIM clothing.
- b) Work in close collaboration with the FMNR Medical staff during the practice and the competition inside the medical rooms or at medical points.
- c) Be present at all the riders’ briefings, **MUST** speak ENGLISH.
- d) Be the Anti-doping Site Coordinator if needed.
- e) Be available for the SGP riders anytime from the signing on until the validation of the results for any questions related to the medical / doping issues or health matters.
- f) Be present in the pits during the practice and race in order to be reachable by the riders or Medical delegates.
- g) Observe and advise the Medical Team (CMO) when there is a crash (Practice/Race).
- h) Observe and advise on the application of the Medical Code and STRC (red book), please refer to 079.8.1 and 079.8.2.
- i) If necessary, make a written report to the CMI director and the CCP director regarding the event visited, report on how he felt the local Medical staff handled the different situations, suggest future improvements to be made.

09.4.11 FIM Endurance Medical Director

The FIM Endurance Medical Director at an event will be a member of the FIM Medical Commission.

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1. The responsibilities of the FIM Endurance Medical Director will be:
 - a) To represent and be responsible to the FIM and the FIM International Medical Commission.
 - b) To work in co-operation with the Race Director and other FIM Officials including the FIM Safety Officer, FIM Jury President, FIM Jury Members, FIM Technical Director and FIM Stewards
 - c) To report to the Race Director and FIM Officials any necessary interventions regarding the medical service.
 - d) To be responsible for liaison with the appointed CMO for the event to ensure compliance with the Medical Code.
 - e) To be the final arbiter in relation to medical issues at the event.
 - f) To ensure that all aspects of the medical service including the local medical service are to the required standards.
 - g) To ensure the medical service provision is in accordance with the requirements of the FIM Medical Code.
 - h) To observe and advise the application of the FIM Medical Code and make recommendations accordingly.
 - i) To inform the Chief Steward, the International Jury, the FIM Medical Commission, and if necessary the Race Direction of any medical arrangement that contravenes the FIM Medical Code.
 - j) To assist the CMO in ensuring the medical service provision is to the required operational standard.
 - k) To attend Event Management Committee and International Jury meetings.
 - l) To provide a full written report to the FIM regarding the performance of the medical service and the status of the medical homologation with if necessary any recommendations required for improvement.

 2. The duties of the FIM Endurance Medical Director will be:
 - a) The CMO's point of reference for all medical aspects during the week of the race, as well as the months before during its preparation.
 - b) To be able to communicate at all times with all elements of the medical service in order to be fully informed of any medical issues.

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- c) To inspect the circuit with the CMO, Clerk of the Course and Race Director the day before the first practice session. A further check will be made no later than 30 minutes before the first practice session or race each day to ensure that all medical facilities and staff including the Medical Centre are ready to function are in accordance with the agreed medical plan and the Medical Code, and to report any shortcomings to the CMO, Race Director and FIM Safety Officer.
 - d) To receive from the CMO a signed copy of FIM Circuit Medical Report Form, and the medical plan as agreed during the FIM Medical Homologation and to ensure that the facilities comply with it.
 - e) To ensure in collaboration with the CMO that all necessary steps are taken to address any deficiencies in the medical plan or performance of the medical responses.
 - f) To be present in Race Control when motorcycles are on the track to observe the performance of the medical responses and to direct and advise the CMO and Race Direction accordingly.
 - g) To inform the Race Director in consultation with the CMO of any situations where it may be necessary to stop the event in order to deploy the medical intervention vehicles.
 - h) To ensure in conjunction with the CMO that the intervention in the event of an injured rider is adequate, timely and appropriate.
 - i) To participate as necessary with the CMO in decisions regarding riders who have been injured and who wish to compete and there is uncertainty as to their medical fitness to do so.
 - j) To obtain from the CMO at the end of each practice session or race a list of fallen riders and to ensure that the list of medically unfit riders held by the CMO is up to date to ensure medically unfit riders are not allowed on the circuit.
 - k) To meet with the CMO every morning after the medical review and every afternoon after the official activity has ended to discuss the medical interventions and the status of any injured riders. Evaluation of the interventions should include video of the performance of the medical activity. Such evaluation will then be included in and inform the subsequent briefing of the medical personnel by the CMO.
 - l) To visit the designated hospital for a first event or if there is a change in the designated hospital to ensure the services provided are in accordance with the FIM Medical Code.
 - m) To receive from the CMO the List of Medically Unfit riders and forward it to the CMO of the next event.

- n) Must liaise with CMO during the year before the event to manage and improve the medical service in any way necessary and ensure the requirements of the FIM Medical Code are completely respected.

09.4.12 Other Doctors

- a) Any injured rider must first be seen and assessed by the official event medical personnel for emergency treatment and be declared medically fit or unfit to compete as appropriate. He may then attend any other doctor of his choice. If the CMO advises against this, the rider must sign a declaration that he is seeking other advice and treatment (Appendix C).
- b) Any rider, who, after treatment by a doctor not part of the event team, wishes to compete, must first obtain authorisation for this from the CMO of the event or his deputy, who should be provided with a report of any investigations or interventions and consider any recommendation by the doctor treating the rider.

09.4.13 Medical Intervention Team (GP)

- a) In order to ensure the highest standard of immediate medical care to injured riders two vehicles type A (Medical Intervention Vehicles) with a professional driver will be provided by the promoter at all races. Their role will be the provision of immediate trackside medical assistance in the event of serious injury, until transfer to the medical centre or hospital. These vehicles must be in position for any session to start.
- b) The personnel of these vehicles must be present the day before the start of the event for the track inspection as well as the scenario-based demonstration and training. The personnel of these vehicles will be in direct communication with the CMO, Medical Director and/or FIM Medical Officer (GP) throughout the event.

09.4.14 FIM Medical Intervention Team Personnel (GP)

- a) **Doctors can participate as members of the Medical Intervention Team, if they:**
 1. are fully qualified, registered and licensed medical practitioners.
 2. have a specialist qualification in a relevant medical specialty such as anaesthetics (anaesthesiology), intensive care medicine, emergency medicine, pre-hospital emergency care, trauma medicine etc.
 3. have a minimum of 5 years relevant specialist experience and training.
 4. have appropriate medical malpractice insurance for the country in which the event is taking place.
 5. can provide evidence of ongoing involvement in resuscitation and provision of emergency and acute care to patients with significant trauma in a hospital or out of hospital environment.

6. can provide evidence of ongoing professional development and training in the management of patients with polytrauma.
7. can communicate in English.
8. must participate in the Medical Intervention Simulation and training following the track inspection on the day prior to the first practice session of the event in which they will take part.

b) Nurses and paramedics can participate as members of the Medical Intervention Team if they:

1. are fully professionally qualified and registered.
2. have a specialist qualification in a relevant specialty such as anaesthetics (anaesthesiology), intensive care medicine, emergency medicine, pre-hospital emergency care, trauma medicine etc.
3. have a minimum of 5 years' experience in a relevant specialty.
4. have appropriate medical malpractice insurance for the country in which the event is taking place.
5. can provide evidence of ongoing involvement in resuscitation and provision of emergency and acute care to patients with significant trauma in a hospital or out of hospital environment.
6. can provide evidence of ongoing professional development and training in the management of patients with polytrauma.
7. can communicate in English.
8. must participate in the Medical Intervention Simulation and training following the track inspection on the day prior to the first practice session of the event in which they will take part.

09.4.15 Deployment of FIM Medical Intervention Vehicles (GP)

- a) The FIM Medical Intervention vehicles will be deployed by the Race Director when the race or practice session is interrupted following the display of the red flag on the recommendation of and in consultation with the CMO, FIM Medical Officer (GP) or Clerk of the Course.
- b) When a rider is unconscious or suspected of having a spinal or other serious injuries and will require prolonged trackside medical intervention such information must be immediately communicated by ground post personnel to the CMO who will immediately inform the Race Director that a red flag is required. Once the red flag has been established in a situation as described above the FIM Medical Intervention Vehicles will always be deployed by the Race Director.
- c) When the FIM Medical Intervention Vehicles are deployed, the ground post staff will provide treatment without moving or transferring the rider. Once the FIM

Medical Intervention Vehicles have arrived, the ground post staff will provide assistance to the FIM Medical Intervention Team.

09.4.16 Clinica Mobile

For many years the CLINICA MOBILE, and its personnel, has attended GP and WorldSBK events and has gained a considerable reputation among riders and support personnel.

The CLINICA MOBILE has treatment facilities and its personnel have considerable experience in treating riders' injuries and illnesses. Many riders prefer treatment by the CLINICA MOBILE personnel to treatment by others. The parties involved in the FIM WorldSBK Championships fully support the CLINICA MOBILE personnel and the CLINICA MOBILE will be in attendance at events with the full co-operation of event organisers and CMOs.

The CLINICA MOBILE personnel will treat those riders who wish to be treated by them only after they have been seen by the CMO or their nominated deputy. The CMO should declare riders medically fit or unfit as normal, after which they may go to the CLINICA MOBILE if they wish. The CLINICA MOBILE personnel will give a medical report to the CMO, Medical Director, FIM WorldSBK Medical Director after assessment and treatment. A rider who has been declared medically unfit to compete, who after treatment by the CLINICA MOBILE personnel then wishes to race, must present himself back to the CMO for re-examination.

A rider who prefers treatment by the CLINICA MOBILE personnel when advised by the CMO otherwise is entitled to take his own course of action, but should sign a form indicating it was against local medical advice, (see Appendix C). If the rider decides he wishes to be treated in a hospital of his own choice, the CMO, using the means at his disposal at the circuit (ambulance, helicopter, etc.), must allow the rider to reach such hospital:

i.e. the rider must be allowed to be transported by ambulance or helicopter from the circuit to the nearest airport.

One doctor from the CLINICA MOBILE will normally be present in the Medical Centre to observe when a rider is being assessed and treated. Similarly, a doctor from the CLINICA MOBILE may, when necessary and feasible, accompany an injured rider to hospital.

When it is not feasible to accompany a rider, a doctor from the CLINICA MOBILE may follow the rider to hospital.

09.4.17 The MotoGP Health Center

The MotoGP Health Center is coming to the FIM GP WC from 2023 and will provide a range of preventative care and treatment, including new physiotherapy methods to help riders recover from and prepare for their time on track.

The full MotoGP Health Center world-leading facility will be on the ground at every Grand Prix in Europe, and the same roster of treatments, staff and services will be available throughout seasons.

09.4.18 Centre Medical Mobile

The CENTRE MEDICAL MOBILE and its personnel have attended Motocross events and have gained a considerable reputation over many years among riders and support staff.

The CENTRE MEDICAL MOBILE has X-Ray, ultrasound and treatment facilities. Its staff has considerable experience in treating riders' injuries and illnesses. Many riders may prefer treatment by the CENTRE MEDICALE MOBILE staff to treatment by others.

The parties involved in the FIM MXGP & MX2 World Championships fully support the CENTRE MEDICAL MOBILE staff and the CENTRE MEDICAL MOBILE will be in attendance at events with the full co-operation of the FIM, event organisers and CMOs.

The CMO must declare riders medically fit or unfit. The CENTRE MEDICAL MOBILE staff will treat those riders who wish to be treated by them.

The CENTRE MEDICAL MOBILE staff will give a medical report to the CMO after assessment and treatment. A rider who has been declared medically unfit to race, who after treatment by the CENTRE MEDICAL MOBILE staff then wishes to compete, must present himself back to the CMO for re- examination.

09.4.19 Qualification of Medical Personnel

09.4.19.1 Qualification of Doctors

Any doctor participating at a motorcycle event who will provide initial medical interventions to an injured rider either at the trackside, in the Medical Centre or during transport to hospital:

1. Must be a fully qualified and registered medical practitioner.
2. Must be authorised to practice in the relevant country or state, (see also art. 09.4.1).
3. Must be qualified in and able to carry out emergency treatment and resuscitation.

09.4.19.2 Qualification of Paramedics (or equivalent)

Any paramedic (or equivalent) participating at a motorcycle event:

1. Must be fully qualified and registered as required by the relevant country or state.
2. Must be experienced in emergency care.

09.4.19.3 Identification of Medical Personnel

- a) All medical personnel must be clearly identified.
- b) All doctors and paramedics must wear a garment clearly marked with “DOCTOR” or “DOCTEUR” and “MEDICAL” respectively, preferred in red on a white background on the back and on the front.

09.5 MEDICAL EQUIPMENT**09.5.1 Vehicles****09.5.1.1 Definition of Vehicles**

Vehicles are defined as follows:

Type A: A vehicle for rapid intervention at accident areas to give the injured immediate assistance for respiratory and cardio-circulatory resuscitation. This vehicle should have “MEDICAL” clearly marked on it in large letters. The type of vehicle used should be appropriate for this purpose in the relevant discipline.

Type B: A highly specialised vehicle for the provision of advanced treatment, transport and can serve as a mobile resuscitation centre.

Type C: A vehicle capable of transporting an injured person on a stretcher in reasonable conditions.

09.5.1.2 Equipment for Vehicle Type A (Medical Intervention Vehicle)**A. Personnel:****Type A1:**

- 1. a driver, experienced in driving the Type A vehicle and familiar with the course.
- 2. a doctor, experienced in emergency care.
- 3. a second doctor or paramedic (or equivalent), experienced in emergency care.

Type A2:

- 1. a driver, experienced in driving the Type A vehicle and familiar with the course.
- 2. paramedics (or equivalent) experienced in emergency care.

B. Medical equipment:

- 1. Portable oxygen supply

2. Manual ventilator
3. Intubation equipment
4. Suction equipment
5. Intravenous infusion equipment
6. Equipment to immobilise limbs and spine (including cervical spine)
7. Sterile dressings
8. ECG monitor and defibrillator
9. Drugs for resuscitation and analgesia /IV fluids
10. Sphygmomanometer and stethoscope

C. Other equipment:

1. A method e.g. protective canvas / tarpaulins in order to screen the rider or the accident scene from public view.

Equipment should be easily identified and stored in such a way that it can be used at ground level at the trackside.

D. Technical equipment:

1. Radio communication with Race Control and the CMO
2. Visible and audible signals
3. Equipment to remove suits and helmets

For GP and WorldSBK World Championships:

The minimum number of medical intervention vehicles is 2. In the case of an accident during the warm up lap or first lap of the race, the medical intervention vehicles should not stop unless instructed to do so by the Race Director.

09.5.1.3 FIM Medical Intervention Team (GP)

The promoter will provide type A vehicles with a professional driver, for which the local medical service will provide the personnel and equipment.

A. Personnel:

1. a driver experienced in driving the vehicle will be provided by the promoter.
2. a doctor experienced in resuscitation and the provision of immediate emergency care and a holder of the relevant FIM Medical Intervention Team Licence. Refer to 09.4.11.1 above.

3. a nurse or paramedic experienced in resuscitation and the provision of immediate emergency care and a holder of the relevant FIM Medical Intervention Team Licence. Refer to 09.4.11.1 above.

B. Medical equipment:

1. Portable oxygen supply
2. Basic and Advanced Airway Management including intubation and surgical airway interventions
3. Suction equipment
4. Manual ventilator such as BVM and associated equipment
5. Equipment for chest decompression
6. Equipment for vascular access, infusion, circulatory support and haemorrhage control
7. Cardiac Monitor and Defibrillator
8. Blood pressure monitoring equipment
9. Equipment to immobilise limbs and spine (including cervical spine)
10. Sterile dressings
11. Drugs for resuscitation, intubation, anaesthesia, sedation, analgesia and intravenous fluids
12. Equipment to remove race suits and helmets
13. The provision of necessary medications and equipment will be the responsibility of the local medical service.
14. Only material necessary for the provision of medical care is permitted in FIM Medical Intervention Team vehicles. Other materials such as food etc. is not permitted at any time.
15. Equipment should be easily identified, portable and stored in such a way that it can be used at ground level at the trackside.
16. The equipment must be presented for review and familiarisation during the afternoon following the track safety inspection.

C. Technical equipment:

1. Radio communication with Race Control, the CMO and Medical Director
2. Visible and audible signals

09.5.1.4 Equipment for Vehicle Type B**A. Personnel:****Type B1:**

1. A driver
2. A doctor experienced in emergency care
3. Paramedics or equivalent

Type B2:

1. A driver
2. Two paramedics or equivalent experienced in emergency care

B. Medical equipment:

1. Portable oxygen supply
2. Manual and an automatic ventilator
3. Intubation equipment
4. Suction equipment
5. Intravenous infusion equipment
6. Equipment to immobilise limbs and spine (including cervical spine)
7. Sterile dressings
8. Thoracic drainage / chest decompression equipment
9. Tracheotomy / surgical airway equipment
10. Sphygmomanometer and stethoscope
11. Stretcher
12. Scoop stretcher
13. ECG monitor and defibrillator
14. Pulse oximeter
15. Drugs for resuscitation, analgesia and IV fluids

C. Technical equipment:

1. Radio communication with Race Control and the CMO

2. Visible and audible signals
3. Equipment to remove suits and helmets
4. Air conditioning and refrigerator are recommended

For FIM GP and WorldSBK World Championships:

1 such ambulance must be on stand by at the medical centre.

09.5.1.5 Equipment for Vehicle Type C

A. Personnel:

1. Two ambulance personnel or paramedics of whom one would be the driver and the other would be a person capable of giving first aid.

B. Medical equipment:

1. Stretcher
2. Oxygen supply
3. Equipment to immobilise limbs and spine (including cervical spine)
4. First aid medicaments and materials

C. Technical equipment:

1. Radio communication with Race Control and the CMO
2. Visible and audible signals

09.5.2 Helicopter

- a) A helicopter, which is normally required, must be fully equipped with adequate personnel and equipment and be appropriately licensed for the relevant country and flown by an experienced pilot familiar with medical air evacuation and the potential landing sites. The medical personnel - doctor and paramedic(s) or equivalent - should be qualified in and able to carry out emergency treatment and resuscitation. The helicopter should be of a design and size that will allow continuing resuscitation of an injured rider during the journey. It should be positioned close to the Medical Centre such that an ambulance journey between Medical Centre and helicopter is not necessary (compulsory in FIM Circuit Racing GP, WorldSBK World Championships, Endurance WC and ISDE) or depending on the legislation of the relevant country and the location of the event be available "on call" 20 minutes or less away from call time to landing at the venue.
- b) By exception, in WorldSBK Championship following consultation between the CMO, FIM WorldSBK Medical Director and FIM Medical Representative if there is a hospital which has been accepted by the FIM for the management of significant trauma with an agreement in place to treat injured riders 20 minutes

or less by road under emergency driving conditions from the circuit, a helicopter may not be required to be present for that event providing adequate vehicles type B are available.

In FIM Circuit Racing GP, WorldSBK WC, it is permissible for the helicopter to leave the circuit to transfer an injured rider to hospital without the need to stop the event with the agreement of the Chief Medical Officer, Medical Director, FIM WorldSBK Medical Director, FIM Medical Officer (GP) and Race Director providing that it will have returned to the circuit within the time required to prepare a further rider for transfer by helicopter. If the distance to hospital by air or severe weather does not permit this a further helicopter “on site” may be required.

- c) In these circumstances or if the weather conditions or other factors prevent the use of the helicopter after consultation between the CMO, Medical Director, FIM WorldSBK Medical Director, FIM Medical Officer (GP) and FIM Medical Representative further transfers may be undertaken by road by emergency ambulance providing the hospital is in reasonable distance. The designated hospital should normally be within 20 minutes by air and 45 minutes by road.
- d) If the hospital is not within a reasonable distance of the event and transfer by helicopter is not possible, consideration should be given to stopping the event.
- e) To ensure the availability of a helicopter at all times during the event, it is recommended that 2 helicopters be available.
- f) At some events and disciplines, such as cross country rallies a helicopter can be used as a type A vehicle in which case the numbers should be sufficient to provide assistance with the minimum of delay.

09.5.3 Medical Ground Posts

- a) These are placed at suitable locations and in sufficient numbers around the circuit to provide rapid medical intervention and if appropriate evacuation of the rider from danger with the minimum of delay. The personnel must have sufficient training and experience to take action autonomously and immediately in case of an accident.
- b) For protection of riders and the ground post staff, the ground post should be equipped with easily movable safety barriers and if possible protective canvas/tarpaulins in order to screen the rider or the accident scene from public view.

A. Personnel:

1. There should be a minimum of three personnel at each medical ground post at least one of which should be a doctor or paramedic or equivalent experienced in emergency care with the others to assist them, carry equipment and act as stretcher bearers.

2. **One of the ground post personnel shall be equipped with a radio and be designated as responsible for communication with the CMO to provide immediate and ongoing information regarding the condition of the injured rider and to inform the medical response required. The person designated for communication should not be the clinical lead as their focus must be on the initial assessment and management of the injured rider.**

Type GP1:

1. A doctor experienced in resuscitation and the pre-hospital management of trauma and
2. First aiders or stretcher bearers

Type GP2:

1. At least one paramedic or equivalent experienced in resuscitation and the pre-hospital management of trauma and
2. Two first aiders or stretcher bearers

B. Medical equipment: for all disciplines

Equipment for initiating resuscitation and emergency treatment including:

1. Initial airway management
2. Ventilatory support
3. Haemorrhage control & circulatory support
4. Cervical collar
5. Extrication device – This should be a Scoop stretcher or if not available a spinal board or equivalent.
6. Devices such as “NATO” or other canvas stretchers that require the rider to be lifted on to them are no longer acceptable.

C. Technical equipment: for all disciplines

1. Radio communication with Race Control and the CMO
2. Adequate shelter for staff and equipment should be available.

09.5.4 Pit Lane Ground Post (Circuit Racing Only)

A. Personnel:

1. A doctor and paramedic (or equivalent) experienced in emergency care must be positioned in the pit lane.

2. One or more pit lane ground posts, depending on the length of the pit lane are required.

B. Medical equipment:

1. Airway management and intubation equipment
2. Drugs for resuscitation and analgesia/ IV fluids
3. Cervical collars
4. Manual respiration system
5. Intravenous infusion equipment
6. First aid equipment
7. Scoop stretcher or if not available a spinal board or equivalent

C. Technical equipment:

1. Radio communication with Race Control and the CMO

09.5.5 Medical Centre

- a) Depending on the discipline, event and location, a medical centre should be available.
- b) This may be a permanent (compulsory at Circuit Racing) or temporary structure with adequate space to treat injured riders for both major and minor injuries.
- c) A hospital outside the circuit is not an alternative to the medical centre at an event.

09.5.5.1 The Medical Centre Facilities & Equipment

Depending on the discipline, event and location, the medical centre should provide:

1. A secure environment from which the media and public can be excluded
2. An area for easy access, parking and exit of First Aid vehicles, preferably with a covered unloading area
3. A helicopter landing area nearby
4. One or two rooms large enough to allow resuscitation of at least two severely injured riders simultaneously (resuscitation area)
5. A permanent or portable digital X-ray machine, appropriate to detect usual bone injuries encountered in motorcycle sport, must be available at Circuit Racing World Championship events (GP, WorldSBK, **Moto3 Junior** and Endurance) and is recommended for all other events provided it is not prohibited by national

legislation.

6. A room large enough to treat more than one rider with minor injuries simultaneously. It is advisable to have temporary separation available in this area, e.g. curtains or screens
7. A reception and waiting area
8. A doctor's room
9. A toilet and shower room with disabled access
10. A personnel changing room with male and female toilets
11. A medical personnel room for a minimum of 12 persons
12. Radio communication with Race Control, the CMO, ambulances and ground posts
13. If the medical centre has a normal electric power supply, it must also be permanently connected to its own U.P.S. (Uninterruptible Power Supply)
14. A water supply, heating, air-conditioning and sanitation appropriate to the country
15. Closed circuit TV monitor
16. Office facilities
17. A dirty utility room
18. Equipment storage
19. A security fence
20. Telephones
21. A security guard
22. Parking for ambulances

09.5.5.2 Room Requirements

1. 1 resuscitation room or
2. 2 resuscitation rooms with a separate entrance away from the general public entrance
3. Minor treatment room
4. X-ray room
5. Medical personnel room
6. Wide corridors and doors to move patients on trolleys

7. Sample drawings of medical centre models are available from the FIM Executive Secretariat for reference.

09.5.5.3 Equipment for Resuscitation Areas

1. Equipment for endotracheal intubation, tracheotomy and ventilatory support, including suction, oxygen and anaesthetic agents.
2. Equipment for intravenous access including cut-down and central venous cannulation and fluids including colloid plasma expanders and crystalloid solutions.
3. Intercostal drainage equipment and sufficient surgical instruments to perform an emergency thoracotomy to control haemorrhage.
4. Equipment for cardiac monitoring and resuscitation, including blood pressure and ECG monitors and a defibrillator.
5. Equipment for immobilising the spine at all levels.
6. Equipment for the splinting of limb fractures.
7. Drugs/IV fluids including analgesic, sedating agents, anticonvulsants, paralysing and anaesthetic agents, cardiac resuscitation drugs/IV fluids.
8. Equipment for the management of electrical and chemical burns such as showers and burns dressing.
9. Tetanus toxoid and broad spectrum antibiotics are recommended.
10. Equipment for diagnostic ultrasound.
11. A permanent or portable digital X-ray machine, appropriate to detect usual bone fractures in motorcycle sport, must be available at World Championship Circuit Racing events (GP, WorldSBK, **Moto3 Junior** and Endurance) and is recommended for all other events provided it is not prohibited by national legislation.

09.5.5.4 Equipment for Minor Injuries Area

The area must have beds, dressings, suture equipment and fluids sufficient to treat up to three riders with minor injuries simultaneously. Sufficient stocks to replenish the area during the event must be available and sufficient doctors, nurses and paramedics or equivalent experienced in treating trauma must be available.

09.5.5.5 Staff of Medical Centre

The following specialists should be immediately available in the medical centre at World Championship Circuit Racing events (GP and WorldSBK) and are recommended for all other events:

1. Trauma resuscitation specialist (e.g. Anaesthetist, Accident and emergency

- specialist, Intensive care specialist);
2. Surgeon experienced in trauma.
 3. Medical personnel, nurses and paramedics (or equivalent) should be present in a sufficient number and should be experienced in resuscitation, diagnosis and treatment of seriously injured patients.

09.5.5.6 Doping Test Facilities

See Anti-Doping Code.

09.6 MEDICAL HOMOLOGATION OF CIRCUITS (ONLY CIRCUIT RACING GP/ WORLDSBK/ ENDURANCE/ SIDECAR AND MXGP/ MX2/ MOTOCROSS OF NATIONS/ SPEEDWAY GP/ MEDICAL ASSESSMENT OF EVENTS)

- a) Circuits at which Circuits Racing FIM GP & WorldSBK World Championships, FIM Endurance, FIM MXGP, FIM MXoN, FIM Speedway GP WC events take place require medical assessment and homologation in order to hold FIM World Championship events.
- b) Circuits in other FIM World Championship events may be medically assessed and homologated upon decision and request of the FIM CMI and/or related FIM Sport Commissions.
- c) The specific requirement for each circuit will be decided by the Assessor appointed by the FIM CMI in collaboration with the Circuit CMO, who has to be present, according to the requirements of the championships' organisers/promoters and with reference to the FIM Medical Code. A medical assessment report will be issued by the FIM Medical Assessor.
- d) Sample drawings of Medical Centre models (appendices I and J) are available from the FIM Administration for reference.
- e) The FIM also reserves the right to review such a homologation at any time. For details of the procedure, see appendix H.
- f) In those disciplines where a FIM Medical Director/Officer/Representative is normally present (currently FIM Circuit Racing GP, WorldSBK, Endurance, MXGP, MXoN and SGP WC) the medical homologation is an integral part of the overall circuit assessment and an assessment will be undertaken jointly with the relevant sporting commission representatives.
- g) For all other events at which a FIM Medical Representative is not normally present the FMNR must ensure that the CMO Questionnaire and medical plan are provided to the FIM at least 60 days prior to the event for consideration by a relevant member of the FIM Medical Commission who will provide advice concerning the proposed medical facilities for the event.

09.6.1 Grading of Circuit Assessments and Homologations for GP/ WorldSBK/ Endurance/ MXGP/ MXoN/ SGP

The medical assessment and homologation will be graded as follows:

A: 1 year

A medical assessment and medical homologation report will be issued.

B: Further improvements to the medical service are required and a further medical assessment is compulsory the following year.

Medical assessment may be required prior to next event

In the event of two successive assessments resulting in grade B, the circuit will automatically be downgraded to grade C as defined below.

C: The medical service provision does not comply with the requirements of the FIM Medical Code and further medical assessments are compulsory prior to any FIM event taking place.

Further medical assessment is required before any FIM event can take place until the circuit obtains at least a grade B.

09.6.2 Grading of Assessment and Homologations of Events for all FIM WC Events (except FIM GP/ WorldSBK/ Endurance/ MXGP/ MXoN/ SGP)

The medical assessment and homologation will be graded as follows:

A: 3 years

A medical assessment and homologation report will be issued.

B: Further improvements to the medical service are required and a further medical assessment may be carried out at the following year.

Medical assessment may be carried out before the next event.

In the event of two successive assessment resulting in grade B, the circuit will automatically be downgraded to grade C as defined below.

C: The medical service provision does not comply with the requirements of the FIM Medical Code and further medical assessment are compulsory prior to any FIM event taking place.

Further medical assessment is required before any FIM event can take place until the circuit obtains at least a grade B.

09.7 MINIMUM MEDICAL REQUIREMENTS FOR EVENTS

- a) The medical service comprising of equipment, vehicles and personnel must be organised in such a way and in sufficient number to ensure that an injured rider can be provided with appropriate and all necessary emergency treatment with the minimum of delay and to facilitate their rapid transfer to further medical treatment in an appropriately equipped medical centre or

definitive medical care in a hospital with the necessary facilities to deal with their injuries or illness should this be required.

- b) The CMO will therefore determine the number, location and type of vehicles, helicopter, equipment and personnel that are required to achieve this for a specific event taking into consideration the circuit and event location.
- c) The minimum medical requirements will be subject to confirmation and agreement following assessment and review by the FIM Medical Representative/Medical Director/FIM WorldSBK Medical Director/FIM Medical Officer (GP)).
- d) A doctor or doctors must be available to provide initial medical intervention directly or following initial assessment and treatment by the paramedic teams.
- e) In all cases the medical equipment and personnel must be capable of providing treatment for both serious and minor injuries in optimal conditions and with consideration for climatic conditions.
- f) In all cases, the transfer of an injured rider to a medical centre or hospital either by ambulance or by helicopter must not interfere with the event and the CMO must plan to have sufficient replacement equipment and personnel available to allow the event to continue.
- g) For clarity, the minimum number of vehicles type B (ambulances) to allow racing to continue is one (1). Should this ambulance be required to leave the event to transport an injured rider to hospital, racing must stop until it returns. In some championships, the minimum number is stated as two (2). In this case, should an ambulance be required to leave the event, racing can continue. If, however, the remaining ambulance is also required to leave, racing must stop. It is therefore strongly recommended that in order to ensure the continuity of the event that the number of ambulances present exceeds the minimum required number.
- h) The following are recommended minimum requirements for the medical services at various events and disciplines subject to the above requirements:

09.7 Minimum Medical Requirements

Equipment	Circuit Racing (Art. 09.7.1)	Hill Climbs (Art. 09.7.2)	Dragbike (Art. .7.3)	Road Racing Rallies (Art. 09.7.4)	Motocross (Art. 09.7.5)	Supercross, (Art. 09.7.6)	SuperMoto (Ar.09.7.7)	Snowcross (Art.09.7.8)
Vehicle Type A	X	X (art. 09.7.2)		1	1	2	1 (recommended)	1
Vehicle Type B	X	2	2	1	2	2	2	2
Vehicle Type C	X			1	X (MXGP/MX2/MXoN)			
Pit Lane Ground Post	X				X			
Evacuation Route	X				X			X
Ground Post	X				X	4	X	
Medical Centre	Compulsory				Recommended (Compulsory in MXGP-MX2+MXoN)	X (1 X-ray recommended)		
Helicopter	If required (compulsory in GP + WorldSBK)				Art. 09.5.2			
Doctors	X +1 CMO		1 CMO			1 CMO	1 CMO	

Equipment	FreeStyleCross (Art. 09.7.9)	Motoball (Art. 09.7.10)	Track Racing (Art. 09.7.11)	Trial (Art. 09.7.12)	X-Trial (Art. 09.7.13)	Hard Enduro (Art. 09.7.14)	Enduro (Art. 09.7.15)	Sand Races (Art. 09.7.16)	Cross- Countries & Bajas (Art. 09.7.17)
Vehicle Type A				1		1	X Placed at specifically difficult points	X Placed at specifically difficult points	X 1 doctor and 1 paramedic (or equivalent)
Vehicle Type B	1	1	2 (1 for practice)	2	2	1	1	2	
Vehicle Type C	1					1	1	1	
Pit Lane Ground Post									
Ground Post								X	
Medical Centre			1 (Medical Room)				Only ISDE	X	
Helicopter							Only ISDE with a winch		X + 1 doctor
Doctors			1 CMO	1 CMO	1 CMO	1 CMO	1 CMO	1 CMO	

X= number as per medical homologation / per layout or length of the track

Equipment	Indoor Enduro (Art. 09.7.18)	FIM Land Speed World Records (Art. 09.7.19)	E-Bike (Art. 09.7.20)	EBK (Art. 09.7.21)	Official Testing (GP & WorldSBK) (Art. 09.7.19)	E-Xplorer (Art.09.7.22)
Vehicle Type A	1		1	1	1	
Vehicle Type B	1	1a) = 1 2a) = 2	2	2	2	2
Vehicle Type C	1					
Pit Lane Ground Post						
Ground Post						1
Medical Centre				Medical room	Compulsory	Medical room
Helicopter		On call				On call
Doctors		1b) -2b) = 1x doctor or CMO	1 CMO	1 CMO	X + 1 CMO	

09.7.1 Circuit Racing

- a) Vehicles type A (number and position as per the FIM medical homologation) are to be placed in such a way and in such numbers that a fallen rider can be reached by them within the minimum of delay from their deployment by Race Control.
- b) In GP: two FIM Medical Intervention vehicles (type A) will be provided by the promoter and must be placed in such a way that a fallen rider can be reached by them with the minimum of delay from their deployment by Race Control. One should be located at the end of pit lane, and will serve as a medical car during the first lap of the races. The second should be located in the service road with an asphalt entry to the track, at approximately half the track's distance.
- c) Vehicle(s) type B (number and position as per the FIM Medical Homologation) are to be placed in such a way that a fallen rider can be reached and transported with minimum delay after coming to rest with ongoing treatment being provided during transport.
- d) Vehicle(s) type C (number and position as per the FIM Medical Homologation) are to be placed in such a way that a fallen rider can be transported with minimum delay after coming to rest only if no treatment is required.
- e) Medical Ground posts (number and position as per FIM Medical Homologation) are to be placed in such a way that a fallen rider can be reached and initial assessment and treatment commenced with the minimum of delay.
- f) Pit lane ground post
- g) A medical centre
- h) A helicopter, if required (compulsory for FIM GP & WorldSBK)

N.B. the only amendment permitted to this in principle is that a vehicle type C may be replaced by a vehicle type B.

09.7.2 Hill Climbs

- a) 1 vehicle type A if the course can be covered by the medical vehicles in less than three minutes. If the entire course cannot be covered by the medical vehicles in less than three minutes then more vehicles type A, one placed at the start and others placed at suitable intervals, are required.
- b) 2 vehicles type B

09.7.3 Dragbike

- a) 2 vehicles type B
- b) 1 CMO with a licence

09.7.4 Road Racing Rallies

- a) 1 Vehicle type A

- b) 1 Vehicle type B
- c) 1 Vehicle type C

09.7.5 Motocross

- a) 1 vehicle type A
- b) 2 vehicles type B
- c) Ground posts including a pit-lane ground post in FIM MXGP/MX2 WC and MXoN.
- d) A route to evacuate the injured rider from the inside to the outside of the track, via a road, a tunnel or a bridge to avoid the need to cross the track during racing.
- e) A helicopter is recommended but in certain circumstances may be compulsory. A designated helicopter landing area is required. In FIM MXGP/MX2 WC and MXoN the starting area should not be used as the designated helicopter landing area.
- f) A medical centre is recommended but compulsory in FIM MXGP/MX2 WC and MXoN. The medical centre must be of a size and suitably equipped to provide treatment to two significantly injured riders simultaneously.

09.7.6 Supercross

- a) 2 vehicles type A
- b) 2 vehicles type B
- c) 4 medical ground posts with 2 persons at each medical ground posts, both of which should be a doctor or paramedic or equivalent experienced in emergency care.
- d) 1 CMO
- e) Medical Centre
- f) 1 X-ray is recommended

09.7.7 SuperMoto

- a) 1 vehicle type A is recommended
- b) 2 vehicles type B
- c) Ground posts
- d) 1 CMO

09.7.8 Snowcross

- a) 1 vehicle type A is recommended
- b) 2 vehicles type B
- c) Ground posts

09.7.9 FreeStyleCross

- a) 1 vehicle type B
- b) 1 vehicle type C

09.7.10 Motoball

- a) 1 vehicle type B

09.7.11 Track Racing

- a) 2 type B vehicles (highly specialised vehicle for the provision of advanced treatment, transport and can serve as a mobile resuscitation centre).
- b) 1 medical room for minor treatment, observation, examination and assessment of a rider
- c) 1 Doctor acting as CMO with, if applicable, a CMO licence/Superlicence according to the requirements for the discipline as set in the FIM Seminar Guidelines.

For practices only :

- a) 1 type B vehicle (highly specialised vehicle for the provision of advanced treatment, transport and can serve as a mobile resuscitation centre).
- b) 1 medical room for minor treatment, observation, examination and assessment of riders.
- c) 1 Doctor acting as CMO with, if applicable, a CMO Licence/Superlicence according to the requirements for the discipline as set out in the FIM Seminar Guidelines.

09.7.12 Trial

- a) 1 vehicle type A
- b) 2 vehicles type B
- c) 1 CMO

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

09.7.13 X-Trial

- a) 2 vehicles type B and/ or an equivalent medical centre with the appropriate personnel
- b) 1 CMO

09.7.14 Hard Enduro

- a) 1 vehicle type A placed at specifically difficult points
- b) 1 vehicle type B
- c) 1 vehicle type C
- d) 1 CMO
- e) For each Enduro tests and each cross test in Enduro, when the riders start simultaneously from a grid, the requirements are the same for Motocross events.
- f) For Enduro tests, when the rider starts individually, the minimum requirements are as follows: 1x type A and 1x type B vehicle for each.

09.7.15 Enduro

- a) Vehicles type A placed at specifically difficult points
- b) 1 vehicle type B
- c) 1 vehicle type C
- d) 1 CMO
- e) A medical centre and a helicopter with a winch are compulsory for an ISDE event
- f) For each Enduro tests and each cross test in Enduro, when the riders start simultaneously from a grid, the requirements are the same for Motocross events.
- g) For Enduro tests, when the rider starts individually, the minimum requirements are 1x type A and 1x type B vehicle for each.

09.7.16 Sand Races

- a) Vehicles type A placed at specifically difficult points
- b) 2 vehicles type B
- c) 1 vehicle type C
- d) 1 CMO
- e) Medical ground posts
- f) Medical Centre

09.7.17 Cross-Country Rallies & Bajas

- a) The presence of at least one helicopter equipped with a stretcher and resuscitation equipment for a special race of up to 350 kilometres, and two helicopters for two close special races when they exceed 350 kilometres combined, equipped with evacuation equipment and used solely for medical assistance is compulsory. The helicopter must be equipped with a winch if necessary depending on the terrain. In this helicopter, the presence of a doctor for resuscitation is required. This helicopter will be in addition to ground equipment (Medical intervention vehicles). It must be in permanent radio HF contact with the Clerk of the Course or a check-point organisation (radio, standard C, standard M etc.).
- b) A Medical intervention vehicle with one doctor and one paramedic (or equivalent) experienced in driving an all-terrain vehicle in permanent radio contact with the Clerk of the Course or with a check-point organisation must be provided for special races at the following points:
 - start,
 - start of the selective sector,
 - every 100 kilometres,
 - finish of the selective sector,
 - and at the camp site.

09.7.18 Indoor Enduro

- a) 1 vehicle type A
- b) 1 vehicle type B
- c) 1 vehicle type C

09.7.19 FIM Land Speed World Records

1. For a private event with two or less riders, the minimum medical requirements are the following:
 - a) 1 vehicle type B (conf. Art. 09.5.1.4 of Medical Code)
 - b) 1 doctor (or CMO, Chief Medical Officer)
2. For a private event with more than two riders or a public event, the minimum medical requirements are the following:
 - a) 2 vehicles type B (conf. Art. 09.5.1.4 of Medical Code)
 - b) 1 doctor (or CMO, Chief Medical Officer), CMO recommended

For all events, the minimum medical requirements in addition to those listed above are the following:

- a) Coordination with and location (including a map) of the nearest suitable hospital that meets FIM requirements

-
- b) Coordination with a Helicopter Medical Service if there is not a hospital that meets FIM requirements located within 20 minutes by road.

09.7.20 E-Bikes

- a) 1 vehicle Type A for Enduro only
- b) 2 vehicles Type B
- c) 1 CMO

09.7.21 EBK

- a) **1 vehicle type A**
- b) **2 vehicles type B**
- c) **Medical room for minor treatment, observation, examination and assessment of riders**
- d) **1 CMO**

09.7.22 E-Xplorer

- a) 2 type B
- b) 1 medical groundpost
- c) Medical room for minor treatment, observation, examination and assessment of riders
- d) Helicopter on call depending on the location and/or nature of the track
- e) 1 CMO

09.7.23 Official Testing (GP & WorldSBK)

- a) 1 Type A
- b) 2 Type B
- c) 1 CMO
- d) Medical Centre

09.7.24 Maintenance of Medical Cover at Event

If at any time the minimum number of vehicles and/or doctors is not present, e.g. during the evacuation of a rider to a hospital or at the start of the event, the event must be stopped until the minimum number is available.

09.8 PROCEDURE IN THE EVENT OF AN INJURED RIDER

09.8.1 FIM Circuit Racing GP WC

The management of an injured rider is under the control of the CMO and should be the following:

- a) A fallen rider must be reached by a doctor or paramedic who can begin treatment with the minimum of delay of the rider coming to rest. If the rider is injured, the CMO must be informed by radio so that further procedures can be initiated.
- b) The CMO must be stationed in Race Control with the Medical Director and/or FIM Medical Officer (GP), with access to closed circuit television to monitor the situation. Upon request by the CMO any medical vehicle can be dispatched to the scene of the incident, only the Race Director can authorize entry onto, or response via track. Similarly, interruption or cessation of racing or practice session can only be authorized by the Race Director. It is the responsibility of the CMO, Medical Director and FIM Medical Officer (GP) to advise the Race Director of incidences where access to a fallen rider(s) necessitates this.
- c) Response codes are:

Code 0 No medical intervention required

- a) Confirmation by radio and CCTV to CMO and FIM Medical Officer (GP) that no medical intervention required
- b) Rider gets up unassisted

Code 1 Short rescue

- a) Confirmation by radio and CCTV to CMO and FIM Medical Officer (GP) and that:
- b) Rider able to walk with assistance
- c) Rider will be cleared from track in less than 1 minute

Code 2 Long rescue

- a) Confirmation by radio and CCTV to CMO and FIM Medical Officer (GP) that the rider is conscious and no spinal injury is suspected
- b) Rider can be safely evacuated by scoop stretcher or spinal board
- c) Rider will be cleared from track in less than 2 minutes and transferred directly to the medical centre.

Code 3 Prolonged rescue

- a) Confirmation by radio and CCTV to CMO and FIM Medical Officer (GP) that the rider(s) is (are) unconscious, a spinal injury is suspected or the rider is otherwise seriously injured
- b) Rider requires immobilisation and/or stabilisation before being moved
- c) Rescue will take longer than 3 minutes
- d) Medical intervention required on track
- e) In GP FIM Medical Intervention Team & vehicles will be deployed in which case the rider(s) should not be moved or transferred until their arrival. (See Art. 09.5.1.3)

09.8.2 FIM WorldSBK Championship

The management of an injured rider is under the control of the CMO and should be the following:

- a) A fallen rider must be reached by a doctor or paramedic who can begin treatment with the minimum of delay of the rider coming to rest. If the rider is injured, the CMO must be informed by radio so that further procedures can be initiated.
- b) The CMO must be stationed in Race Control with the FIM WorldSBK Medical Director with access to closed circuit television to monitor the situation. Upon request by the CMO any medical vehicle can be dispatched to the scene of the incident, only the Race Director can authorize entry onto, or response via track. Similarly, interruption or cessation of racing or practice session can only be authorized by the Race Director. It is the responsibility of the CMO and FIM WorldSBK Medical Director to advise the Race Director of incidences where access to a fallen rider(s) necessitates this.

- c) Response codes are:

Code 0 No medical intervention required

- a) Confirmation by radio and CCTV to CMO and FIM WorldSBK Medical Director that no medical intervention required
- b) Rider gets up unassisted

Code 1 Short rescue

- a) Confirmation by radio and CCTV to CMO and FIM WorldSBK Medical Director and that:
 - b) Rider able to walk with assistance
 - c) Rider will be cleared from track in less than 1 minute

Code 2 Long rescue

- a) Confirmation by radio and CCTV to CMO and FIM Medical Director that the rider is conscious and no injury is suspected
- b) Rider can be safely evacuated by scoop stretcher or spinal board
- c) Rider will be cleared from track in less than 2 minutes and transferred directly to the medical centre.

Code 3 Prolonged rescue

- a) Confirmation by radio and CCTV to CMO and FIM WorldSBK Medical Director that the rider(s) is (are) unconscious, a spinal injury is suspected or the rider is otherwise seriously injured
- b) Rider requires immobilisation and/or stabilisation before being moved
- c) Rescue will take longer than 3 minutes
- d) Medical intervention required on track

09.8.3 FIM MXGP (Recommended for all other Disciplines)

The management of an injured rider is under the control of the CMO and should be the following:

- a) A fallen rider must be reached by a doctor or paramedic who can begin treatment with the minimum of delay of the rider coming to rest. If the rider is injured, the CMO must be informed by radio so that further procedures can be initiated.
- b) The CMO must be stationed nearby the Clerk of the Course or Race Director with the FIM MXGP Medical Director when motorcycles are on the track with access to closed circuit television to monitor the situation.

Upon request by the CMO any medical vehicle can be dispatched to the scene of the incident, only the Race Director can authorize entry onto, or response via track. Similarly, interruption or cessation of racing or practice session can only be authorized by the Race Director. It is the responsibility of the CMO and FIM MXGP Medical Director to advise the Race Director of incidences where access to a fallen rider(s) necessitates this.

- c) Response codes are:

Code 0 No medical intervention required

- a) Confirmation by radio (and CCTV) to CMO and FIM MXGP Medical Director that no medical intervention required
- b) Rider gets up unassisted

Code 1 Short rescue

Confirmation by radio (and CCTV) to CMO and FIM MXGP Medical Director and that:

- a) Rider able to walk with assistance
- b) Rider will be cleared from track in less than 1 minute

Code 2 Long rescue

- a) Confirmation by radio (and CCTV) to CMO and FIM Medical Director that the rider is conscious and no injury is suspected
- b) Rider can be safely evacuated by scoop stretcher or spinal board
- c) Rider will be cleared from track in less than 2 minutes and transferred directly to the medical centre.

Code 3 Prolonged rescue

- a) Confirmation by radio and CCTV to CMO and FIM MXGP Medical Director that the rider(s) is (are) unconscious, a spinal injury is suspected or the rider is otherwise seriously injured
- b) Rider requires immobilisation and/or stabilisation before being moved
- c) Rescue will take longer than 3 minutes
- d) Medical intervention required on track

09.8.4 Transfer to the Medical Centre (all Disciplines)

- a) The injured rider will be transferred to the medical centre when his condition permits. The CMO shall decide the time and method of transfer. Rarely, at the discretion of the CMO only a rider may be transferred to hospital directly from the trackside.
- b) The vehicle used to transfer the rider must be on the scene of the accident with minimum delay following the order to intervene.

09.8.5 Medical Centre (all Disciplines)

- a) At the medical centre, medical personnel will be available to treat the rider. The CMO remains responsible for the treatment of the rider.
- b) If the rider is unconscious, he will be treated by the medical centre staff under the responsibility of the CMO. The rider's personal doctor may observe the treatment in the medical centre and may accompany the rider to the hospital.
- c) A rider who is conscious may choose the medical personnel by whom he wishes to be treated. A rider who does not wish to be treated by the medical centre staff against their advice must sign a "Rider Self Discharge form" (appendix C).
- d) Refer also to the FIM Concussion Guidelines (appendix M) which is a tool for evaluating injured riders for concussion.
- e) The helmets of all riders taken to the medical centre for assessment following a crash must be retained by the medical personnel or CMO for control by the Technical Director or Technical Stewards before being returned to the rider or the team manager.
- f) In cases of head injury including concussion or loss of consciousness, unless a specific provision of a national law advises otherwise, the helmet must be forwarded to the FIM Laboratory at the University of Zaragoza for expert examination and non-destructive analysis. After inspection, the helmet can be returned to the rider, team or manufacturer.

09.8.6 Transfer to Hospital (all Disciplines)

The CMO shall decide the time of transfer, the mode of transfer and the destination of an injured rider. Having made the decision, it is his responsibility to ensure that the receiving hospital and appropriate specialists are informed of the estimated time of arrival and the nature of injuries. It is also the responsibility of the CMO to ensure appropriately skilled and equipped staff accompany the rider.

In FIM WorldSBK: a doctor of the Clinica Mobile will accompany the rider.

09.9 MEDICAL MALPRACTICE INSURANCE

All doctors and other medical personnel at an event must have adequate medical malpractice insurance cover.

09.10 PROFESSIONAL CONFIDENCE OF MEDICAL PERSONNEL

- a) The rider's right to medical confidentiality regarding their medical information, injuries and treatment must be respected at all times by the CMO, their medical service personnel and the FIM Medical Director/FIM Medical Officer (GP)/FIM Medical Delegate. The rider's express consent must be obtained to disclose any medical information related to the rider.

If the rider is unable to consent to share their information through illness or injury, the CMO must only provide appropriate and strictly necessary information to the rider's nominated representative/s and those healthcare professionals directly involved in the rider's treatment or in decisions regarding their fitness to compete including the FIM Medical Director or FIM Medical Officer (GP), FIM Medical Representative. The FIM Medical Director/FIM Medical Officer (GP)/FIM Medical Delegate at the event will also respect the confidentiality of this information and must only provide it to those healthcare professionals directly involved in the rider's treatment or in decisions regarding their fitness to compete, such as the CMO and FIM Medical Director/FIM Medical Officer (GP)/FIM Medical Delegate of the next event at which the rider wishes to compete. Other than in exceptional circumstances such as a fatal injury or serious injury that is potentially life-threatening the Race Direction or other officials should only be provided with sufficient information regarding the rider's fitness or otherwise to compete.

- b) Any breach of confidentiality by the CMO, members of the medical team, FIM Medical Directors, FIM Medical Officer (GP), FIM Medical representatives or other officials holding FIM licences may result in withdrawal of their FIM licence.
- c) In any other circumstances, it is forbidden for the CMO or any other medical personnel to disclose any information to the media or other information services without the authorisation of the FIM and the promoters.
- d) All doctors must adhere to their professional ethics and medical codes of practice at all times.

09.11 ACCIDENT STATISTICS

The CMO, FIM WorldSBK Medical Director, FIM Medical Officer (GP), FIM Medical Director, FIM Medical Representative and FMNs will provide statistics to the FIM concerning accidents and injuries that occur during events within their jurisdiction using appendix A. This information must be anonymised except in relation to the provision of medical information to other doctors involved in the on-going medical assessment and treatment of the rider including the CMOs at subsequent events who will assess the rider for their fitness to return to competition (appendix G).

All fatal accidents occurring during an FIM event will be reported to the FIM Medical Department at (appendix L) immediately as per the procedure in case of fatal accidents.

09.12 DATA PRIVACY

Every FIM Medical Director, FIM Medical Officer (GP), CMO, FIM Medical Delegate, CMI Coordinator, FIM Medical Representative and Medical Director pursuant to Art. 09.4.3, may store, process or disclose personal information relating to Riders when necessary and appropriate to conduct their activities under the Medical Code. They are also responsible for ensuring that Personal Data and Sensitive Personal Data they process is protected as required by data protection and privacy laws in force by applying all necessary security safeguards.

Every FIM Medical Director, FIM Medical Officer (GP), CMO, FIM Medical Delegate, CMI Coordinator, FIM Medical Representative and Medical Director pursuant to Art. 09.4.3, shall not disclose any of the Rider's Personal Data or Sensitive Personal Data except where such disclosures are strictly necessary in order to fulfill their obligations under the FIM Medical Code.

Every FIM Medical Director, FIM Medical Officer (GP), CMO, FIM Medical Delegate, CMI Coordinator, FIM Medical Representative and Medical Director pursuant to Art. 09.4.3, shall ensure that 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 or permanently anonymised. As a general rule, retaining Sensitive Personal Data requires stronger or more compelling reasons than for Personal Data.

Any Rider who submits information including Personal Data and Personal Sensitive Data in order to obtain a FIM licence 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 any FIM Medical Director, FIM Medical Officer (GP), CMO, FIM Medical Delegate, CMI Coordinator, FIM Medical Representative and Medical Director pursuant to Art. 09.4.3, in accordance with data protection laws (including specifically the International Standard for the Protection of Privacy and Personal Information).

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

09.13 GLOSSARY

Centre Medical Mobile: Mobile equipment for treatment at FIM MXGP/MX2 World Championship events

Clinica Mobile: Mobile equipment for treatment only at FIM WorldSBK Championships events

CMI: International Medical Commission of the FIM

CMO: Chief Medical Officer

FIM WorldSBK Medical Director: Member of the CMI appointed by the CMI in consultation with the promotor

FIM Endurance Medical Director: See art. 09.4.9

FIM Moto3 Junior Medical Director: See art. 09.4.6

FIM Medical Director in MXGP & MX2: See art. 09.4.7

FIM Medical Officer (GP): Member of the CMI in MotoGP

FIM Medical Representative: Member of the CMI at all other events, except in MotoGP, WorldSBK, Endurance, MXGP/MX2 and Speedway GP

FMN: National Motorcycle Federation affiliated to the FIM

Medical Director: Medical representative of the contractual partner

Medical examination: Prerequisite to receive a rider's licence

Medical homologation: Homologation of medical services of the circuits

MotoGP Health Center: Mobile equipment for treatment only at FIM MotoGP Championships events

Medical Intervention Team (GP): See art. 09.4.11

Personal Data: Any information that relates to an identified or identifiable living rider

Rider: Competitors, including riders, drivers and passengers

Sensitive Personal Data: Personal data relating to the physical or mental health of a rider, including the provision of health care services, which reveal information about his health status

SGP FIM Medical Delegate: Member of the CMI, appointed in Speedway Grand Prix FIM

APPENDIX A	ACCIDENT STATISTIC FORM
APPENDIX B	MEDICAL ASSESSMENT REPORT FORM
APPENDIX C	RIDER SELF DISCHARGE FORM
APPENDIX D	DURATION OF CONVALESCENCE
APPENDIX E	CURRICULUM VITAE
APPENDIX F	CIRCUIT CMO QUESTIONNAIRE
APPENDIX F1	Circuit CMO Questionnaire for Circuit Racing
APPENDIX F2	Circuit CMO Questionnaire for MX
APPENDIX F3	Circuit CMO Questionnaire for Trial
APPENDIX F4	Circuit CMO Questionnaire for Enduro
APPENDIX F5	Circuit CMO Questionnaire for 6 Days Enduro
APPENDIX F6	Circuit CMO Questionnaire for Speedway
APPENDIX G	LIST OF MEDICALLY UNFIT RIDERS FOR DOCTORS ONLY
APPENDIX H1	Procedure for a Circuit Medical Assessment and Homologation Circuit Racing GP, WorldSBK, Endurance, MXGP, MXoN, SGP Circuits
APPENDIX H2	Procedure for a Circuit Medical Assessment and Homologation for all Disciplines except for Circuit Racing GP, WorldSBK, Endurance, MXGP, MXoN, SGP
APPENDIX L	QUESTIONNAIRE FATAL ACCIDENT
APPENDIX M	FIM CONCUSSION GUIDELINES
APPENDIX N	ALCOHOL TESTING PROCEDURE & FORM
APPENDIX O	SPECIAL MEDICAL EXAMINATION FORM



RIDER SELF DISCHARGE FORM

PART 1 (to be completed by the rider)

I, _____ rider n° _____
 in the _____ class, discharge myself against local medical advice
 and understand the possible consequences of such action that have been explained
 to me
 by Dr _____.

I confirm to have agreed pursuant to applicable data protection laws and otherwise that my medical information be collected, processed, disclosed and used for the purposes of the implementation of the FIM Medical Code by any FIM Medical Director/Officer/Delegate/Representative, CMI Coordinator and Medical Director pursuant to Art. 09.4.3 of the Medical Code.

I am entitled to request to erase, rectify or obtain any Personal Data or Sensitive Personal Data the FIM holds about myself in accordance with the FIM Medical Code by sending a written request to gdp-medical@fim.ch.

Signed: _____ Date: _____ Time _____

PART 2 (To be completed by the Chief Medical Officer - CMO)

I, Dr _____, CMO at
 the _____ circuit, confirm that I have explained the
 possible consequences of the rider discharging himself/herself against my advice. In
 view of the language difficulties, this explanation was given through an interpreter
 (delete as appropriate).

Signed: _____ Date: _____ Time: _____

To: CMO, Rider, FIM Medical Representative



DURATION OF CONVALESCENCE

FIM Medical Panel document establishing the general evaluation principles for resumption of motorcycling competition after an accident.

INTRODUCTION

The decision to consider a rider fit or unfit for continued engagement in motorcycling competition after an incapacitating accident falls within the competence of the CMO.

The increasing professionalism of all parties concerned in the various championships often places riders under contractual commitments that accustom them to a professional reality which is sometimes dehumanized and on which the CMI must keep a watchful eye.

OBJECTIVES

However, this technological adaptation cannot also shorten the periods of cicatrisation and bone consolidation and thereby invalidate all the histophysiological concepts.

The progress in surgical and non-surgical approaches to treatment by adopting less invasive and less tissue damaging techniques has allowed earlier post-operative discharge from hospitals, but not necessarily faster recovery, and return to competition. This remains a case specific decision made primarily by the rider's treating physician, and finally by the CMO.

Hence, the physician authorized to issue the medical certificate of fitness for the resumption of competition will have to ascertain whether the rider would be able to face unforeseen situations in order to avoid jeopardizing not only his safety but also that of his fellow riders and other parties involved.

MEANS

The criteria to be defined should be based on the following requirements:

1. Assurance of the immediate personal safety of the rider.
2. Maintenance of a balance between the immediate and long-term physical wellbeing of the rider.

3. Assurance of the immediate safety of the riders in all the collective motorcycling disciplines.
4. Assurance of the immediate safety of the other parties involved, such as stewards, paramedics, first-aid workers, physicians, mechanics, etc.

It would not be feasible to list in this document all the pathological situations encountered in the practice of motorcycling sport. We will therefore give an overall perspective of the situations that are common to most injuries.

However, three points are worth emphasizing due to the frequency of the problems encountered in these situations:

1. Cutaneous healing takes place by the process of "*Epithelialization*", which starts instantly after wound suturing and is completed within 48 hours. Thus, resumption of competition should not be any earlier than 48 hours from any surgical procedure.
2. With regards to osteosynthesis using percutaneous pins of the Kirschner type, while the duration of the fracture consolidation is classic and agreed by most authors, we must emphasize that, in such a case, the resumption of competition is contraindicated due to the risk of displacement of such pins.
3. The resumption of competition is also contraindicated in the presence of means of immobilization such as orthoses or plaster cast designed to stabilize a fracture, dislocation, or subluxation. In fact, the materials used, being less elastic than human body tissue, could pose a threat to the competitor in the event of a further accident.

Hence, on the whole, injuries suffered during the practice of motorcycling sport follow a common pattern: treatment of the injury, healing, and consolidation and, finally, rehabilitation and re-adaptation to the sporting discipline.

The internationally recognized periods of time needed for bone consolidation are therefore 4-8 weeks for an upper limb and 4-12 weeks for a lower limb, depending on the location of the fracture.

These minimum periods would, of course, be adjusted in the light of the follow-up of the bony callus, but the stress to which it would be subjected by the rider's activity would also be taken into account.

In order to maximize the safety not only of the rider but also of his entourage in competitions, the CMO should be able to carry out a set of simple, easily reproducible and effective tests to assess the motorcyclist's new physical capacities before he resumes competition.

Tests for integrity of function of a lower limb:

1. Mobility equivalent to or exceeding 50% of the physiological articular range of the hip and knee joints.
2. Stand on one foot, both left and right, for at least 5 seconds.
3. Cover a distance of 20m unaided in a maximum time of 15 seconds.
4. Climb up and down 10 steps in a maximum time of 20 seconds.
5. The CMO is advised to attain a written consent from the rider or his Proxy stating the potential harm of putting physical stress on joints and bones during the test for healing and fitness to ride.

Tests for the integrity of function of the upper limb:

1. Have the rider push against a wall while pushing him from the back against the wall.
2. Doing 5 straight push-ups without pain is a good indication of healing of clavicle, shoulder girdle, wrist, arm, and forearm.

HEAD INJURIES

Assessment of the injured rider and return to competition should be in accordance with the FIM Concussion Guidelines.

In the event of a suspected concussion the rider should be assessed using the FIM Concussion Guidelines (see appendix M). If the assessment confirms a concussion the rider should immediately be excluded from competition.

Prior to returning to competition the rider should be reassessed and provide documentary evidence of a return to normal neuro-psychological function in accordance with the current FIM Concussion Guidelines.

SPINE SURGERY

There are few evidence-based criteria to pinpoint the exact time to return to competition. Riders should demonstrate full resolution of symptoms. Assessment by treating surgeon or CMO should demonstrate flexibility, endurance, and strength before returning to competition. The convalescence and recovery periods may vary widely from one case to another, thus, prior to returning to competition the rider should be reassessed by the CMO for a return to normal neuro-psychological, and physical function. Riders should provide documentary evidence of healing such as MRI, CT scan, or similar.

ABDOMINAL SURGERY

In the event of any abdominal surgery, (i.e.; with incision of the peritoneum), the period of unfitness for competition would range from 15 days to one month, depending on the nature of the procedure, and the approach (open Vs Laparoscopic).

The period of convalescence needed is initially determined by the treating surgeon, while fitness to return to competition is the CMO's decision.

ABDOMINAL WALL SURGERY

(without breach of peritoneum) requires significantly less time to go back to practice or compete. The timing of return to competition is determined by the CMO depending on the length and location of the wound.

CONCLUSION

Provided that the various periods of time needed for tissues to heal, and particularly bone consolidation are respected by their therapists, injured riders should be able to undergo these fitness tests without danger so that they can all resume competition in conditions of optimal safety.



APPENDIX E

Licence Nr.
(will be filled in by
FIM/CMi)

Curriculum Vitae

Name: _____ First Name: _____ Title: _____

DoB: _____ (Date of Birth) _____ FMN: _____

Specialization: _____

Address: _____

Mobile: _____

Phone office: _____

E- Mail: _____

Work place: _____

Office

Hospital

Other

I started as doctor in motorcycling sport in (year): _____

Activities as doctor in motorcycling sport in the last 3 years:

Event	Function	Year

Date: _____

CMO Signature: _____

Return to the FIM Medical Department at: cmi@fim.ch



APPENDIX E

APPLICATION FOR A CMO LICENCE BULLETIN D'INSCRIPTION POUR UNE LICENCE CSM

Name/Nom : First name/Prénom :

Address/Adresse : Mobile :

Phone office :

E-mail :

The undersigned confirms that:
Le soussigné confirme :

- I am familiar with the FIM MEDICAL & ANTI-DOPING CODE
Je connais le CODE MEDICAL & ANTIDOPAGE FIM
- I have attended a FIM CMO seminar in _____, date _____
J'ai participé au séminaire CSM à _____, date _____
- I am experienced at motor sport events and have attended at least two national or continental or international events as a doctor.

Je dispose d'expérience dans les manifestations motorisées et ai assisté à au moins deux manifestations nationales ou continentales ou internationales à titre de médecin.
- I am familiar with the circuit at which I will be CMO
Je connais le circuit pour lequel je serai le CSM
- I am experienced in the provision of emergency medical care
J'ai de l'expérience dans les soins médicaux d'urgence
- I am a fully registered and appropriately qualified medical practitioner
Je suis inscrit à l'ordre des médecins et j'ai l'expérience en tant que praticien
- I enclose my completed professional and motorsport C.V.
Je joins mon complet C.V. professionnel et celui du sport motocycliste

Date : Participant Signature
Signature du participant :

Licence N°: (to be completed by the FIM/CMI)
(à remplir par la FIM/CMI)



APPENDIX E

CMO CURRICULUM VITAE

&

APPLICATION FOR A CMO LICENCE

Data Privacy

The CMO expressly consents that such information be collected, processed, disclosed and used for the purposes of the implementation of the FIM Medical Code in accordance with data protection laws.

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



Fédération Internationale de Motocyclisme
11, route Suisse - CH-1295 Mies (Suisse)
E-mail: cmi@fim.ch

CIRCUIT CMO QUESTIONNAIRE

(Form to be used by CMO)

This questionnaire has to be completed by the CMO (in accordance with Art. 09.6.1 of the FIM Medical Code) and returned to the FIM by e-mail 60 days prior to the event with the following attachments:

- 1) A plan of the medical centre
- 2) A map of the circuit/ posts indicating the medical services
- 3) A map of the circuit indicating the routes for urgent evacuation
- 4) Written confirmation that the necessary personnel is available during practice and racing

A copy of this form has to be handed over the Medical Director before the first track inspection (Art. 09.6.2 of the FIM Medical Code)

Discipline	<input type="text"/>	IMN No.	<input type="text"/>
Circuit	<input type="text"/>	Date	<input type="text"/>
Country	<input type="text"/>		
CHIEF MEDICAL OFFICER	<input type="text"/>		
	LIC. N°	<input type="text"/>	

Discipline

IMN No.

- 1 a) Are all medical services under the control of the Chief Medical Officer YES NO
- 1 b) Is the medical service for the general public under the control of a deputy CMO or other doctor than the CMO himself

2) Total personnel (medical centre, track)

(please fill in the number)

	day	0	1	2	3	4
Doctor (including CMO)	0	Thursday				
Nurses						
Paramedic or equivalent	1	Friday				
Other Medical personnel	2	Saturday				
Stretcher bearer	3	Sunday				
Driver	4	Monday				
Other (e.g.Pilot)						
Total						

3) Medical Intervention Vehicle (type A1)

Number

- Do positions conform to map of circuit/ posts? YES NO
- Doctor as per Medical Code
- Second doctor, nurse, paramedic or equivalent as per Medical Code
- Driver as per Medical Code

Medical Intervention Vehicle (Type A2)

Number

- Do positions conform to map of circuit/ posts? YES NO
- Doctor as per Medical Code
- Nurse, Paramedic or equivalent as per Medical Code
- Driver as per Medical Code

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

Other equipment

Protective canvas/tarpaulins

Technical Equipment

- Radio communication with Race Control and CMO/Medical Director
- Visible and audible signals
- Equipment to remove suits and helmets
- Type of vehicle Quad Bike
- Ambulance
- other
- Car

Discipline

IMN No.

6a) Medical Ground posts

Number

YES NO

Do positions conform to map of circuit/ posts?

GP1 Personnel

Doctor experienced in resuscitation and the pre-hospital management of trauma
First aiders or stretcher bearers

GP2 Personnel

Paramedic or equivalent experienced in resuscitation and pre-hospital management of trauma
Two first aiders or stretcher bearers

Medical Equipment

Equipment for initiating resuscitation and emergency treatment
Initial airway management
Ventilatory support
Haemorrhage control & circulatory support
Cervical collar
Extrication device - Scoop stretcher or spinal board or equivalent

Technical Equipment

Radio communication with Race Control and CMO
Adequate shelter for staff and equipment and ground post staff

Other equipment

Protective canvas / tarpaulins

6b) Pit lane ground posts

Number

YES NO

Do positions conform to map of circuit/ posts?

Personnel

Doctor, Paramedic or equivalent experienced in emergency care
Stretcher bearer

Medical Equipment

Airway management and intubation equipment
Drugs for resuscitation and analgesia/ IV fluids
Cervical collars
Manual respiration system
Intravenous infusion equipment
First Aid equipment
Scoop stretcher or spinal board or equivalent

Technical Equipment

Radio communication with Race Control and CMO

7) Medical Centre

Is a medical centre available at this circuit as per Medical Code? (compulsory at GP, SBK, Endurance WC) if "NO" go to 7d)
Is it a permanent structure?
Is it less than 10 mins from any part of the circuit?
Refer to Art. 13.3 of the FIM Standards for Circuits

Discipline

IMN No.

Number of rooms

- Secure environment from which media and public can be excluded
- Area easily accessible by First Aid vehicles
- Helicopter landing area nearby
- One or two rooms large enough to allow resuscitation of at least two severely injured riders simultaneously (resuscitation area)
- X-ray room or portable digital X-ray machine
- A room large enough to treat more than one rider with minor injuries simultaneously
- Temporary separation in this area, e.g. curtains or screens

<input type="checkbox"/>

<input type="checkbox"/>

YES

NO

- Reception and waiting area
- Doctor's room
- Toilet and shower room with disabled access
- A staff changing room with male and female toilets
- Medical staff room for 12 or more persons

<input type="checkbox"/>

<input type="checkbox"/>

- Radio communication with Race Control, the CMO, ambulances and ground posts
- If the Medical Centre has normal electric power supply, it must also be permanently connected to its own U.P.S. (Uninterruptible Power Supply)
- Water supply, heating, air-conditioning and sanitation appropriate to the country
- Closed Circuit TV
- Office facilities
- Dirty utility room
- Equipment storage
- Security fence
- Telephones
- Security Guard
- Parking for ambulances

<input type="checkbox"/>

<input type="checkbox"/>

7a) Room requirements

- 1 resuscitation room
- or
- 2 resuscitation rooms
- Entrance separate to entrance for general public
- Minor treatment room
- X-ray room
- Medical staff room
- Wide corridors and doors to move patients on trolleys

<input type="checkbox"/>

<input type="checkbox"/>

7b) Equipment for resuscitation areas

- Equipment for endotracheal intubation, tracheostomy and ventilation support including suction, oxygen and anaesthetic agents
- Equipment for intravenous access including cut down and central venous cannulation and fluids including colloid plasma expanders and crystalloid solutions
- Intercostal drainage equipment
- Equipment for cardiac monitoring and resuscitation, including ECG monitoring, defibrillation and blood pressure measurement
- Equipment for immobilising the spine at all levels

<input type="checkbox"/>

<input type="checkbox"/>

Discipline

IMN No.

- Equipment for the splinting of limb fractures
- Drugs/ IV fluids including analgesia, sedating agents, anticonvulsants, paralyzing and anaesthetic agents, cardiac resuscitation drugs/ IV fluids
- Tetanus toxoid and broad spectrum antibiotics (recommended)
- Equipment for diagnostic ultrasound
- Digital X-Ray (compulsory for GP, Superbike and Endurance WC) recommended for all other events provided it is not prohibited by national legislation)

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

7c) Equipment for minor injuries area

The area must have beds, dressings, suture equipment and fluids to treat up to three riders with minor injuries simultaneously. Sufficient stocks to replenish the area during the event must be available and sufficient doctors, nurses and paramedics or equivalent experienced in treating trauma must be available

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

7d) Is there another facility for treatment of injured riders-

Room, container or tent (please describe/specify) - only to be filled in if there is no Medical Centre

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

7e) Personnel

(please fill in the number)

Doctor
Nurses
Paramedic or equivalent
Other medical
Stretcher bearer
Driver
Other
Total

- 0 Thursday
- 1 Friday
- 2 Saturday
- 3 Sunday
- 4 Monday

day	0	1	2	3	4
number	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				

Specialists at medical centre (mentioning specialty)

	yes	no
1. Surgeon experienced in trauma	<input type="checkbox"/>	<input type="checkbox"/>
2. Trauma resuscitation specialist	<input type="checkbox"/>	<input type="checkbox"/>

Other Specialists

3. <input type="text"/>
4. <input type="text"/>

7f) Doping facilities

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

8) Vehicles for transport to hospital

Number

9) Helicopter

Helicopter with medical equipment **Number**

Discipline

IMN No.

Fluids and drugs
Respirator
Oxygen
ECG/defibrillator

YES

NO

Personnel (specify)

Doctor
 Nurse, Paramedic or equivalent
 Pilot

0 Thursday
1 Friday
2 Saturday
3 Sunday
4 Monday

day 0 1 2 3 4

Number					

10) Clothing of medical personnel as per Medical Code

Doctor
Nurse, Paramedics or equivalent

YES

NO

11) Closed Circuit TV

12) Radio Operator (Medical Service)

13) Hospitals

Type of hospital	Name of Hospital
a) Local hospital	<input type="text"/>
b) General Surgery	<input type="text"/>
c) Orthopaedic/Trauma	<input type="text"/>
d) Neurosurgery	<input type="text"/>
e) Spinal Injuries	<input type="text"/>
f) Cardio/Thoracic Surgery	<input type="text"/>
g) Burns/Plastic Surgery	<input type="text"/>
h) Vascular Surgery	<input type="text"/>
i) Micro Surgery	<input type="text"/>

Time to Hospital
Road Air
min min

<input type="text"/>	<input type="text"/>

Distance
km

<input type="text"/>

A route map to the hospitals is enclosed

YES

NO

Discipline

IMN No.

14) Trackside positions of Doctors

Please enter for every doctor (CMO,2,3,...) where he/she will be stationed. Remember to enter only one x in each column (except where is an asterix (Type A1 and B1), please enter the post n°)

Doctor (number)		CMO	1	2	3	4	5	6	7	8	9	10
Race Control												
other place												
Type A1*												
Type B1*												
Medical GP 1												
Pit lane ground post												
Medical Centre/ Art. 7d)												
Doctor (number)		11	12	13	14	15	16	17	18	19	20	
Race Control												
other place												
Type A1*												
Type B1*												
Medical GP 1												
Pit lane ground post												
Medical Centre/ Art. 7d)												

The CIRCUIT CMO QUESTIONNAIRE has been completed by the CMO

YES

NO

Remarks:

CMO signature:

Date of completion :

**APPENDIX F2
MX / Supermoto**



Fédération Internationale de Motocyclisme
11, route Suisse - CH-1295 Mies (Suisse)
E-mail: cmi@fim.ch

**CIRCUIT CMO QUESTIONNAIRE
MOTOCROSS / SUPERMOTO**

(Form only to be used by CMO)

This questionnaire has to be completed by the CMO (in accordance with Art. 09.4.1 of the Medical Code) and returned to the FIM by e-mail 2 months prior to the event

- a) A map of the circuit including medical groundposts, medical centre, ambulances, helicopter landing area etc.
- b) A map of the circuit indicating the routes for urgent evacuation
- c) Confirmation from all involved hospitals
- d) Written confirmation about availability of medical staff during practice and racing

A copy of this form has to be handed over before the first track inspection to the FIM Medical Director , if present

CLASS	<input type="text"/>	IMN No.	<input type="text"/>
CIRCUIT	<input type="text"/>	DATE	<input type="text"/>
COUNTRY	<input type="text"/>		
CHIEF MEDICAL OFFICER	<input type="text"/>		
	LIC.-No.	<input type="text"/>	

CLASS

IMN No.

YES NO

1) Are all medical services under the control of the Chief Medical Officer

2) Total personnel (Medical Centre, track, spectators)

(please fill in the number)

Doctor (CMO included)
Nurse
Paramedic or equivalent
Medical Personnel
Stretcher bearer
Driver
Other
Med. Personnel (in total)

0 Thursday
1 Friday
2 Saturday
3 Sunday

day	0	1	2	3
number				

3a) Vehicles Type A = Medical Intervention Vehicle

Number

YES NO

Do positions conform to map of circuit/ posts?

Doctor as per Medical Code

Second doctor, nurses, paramedic or equivalent as per Medical Code

Driver as per Medical Code

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

3c) Technical equipment

Radio communication

Visible and audible signals

Equipment to remove suits and helmets

Type of vehicle

YES NO

	CLASS		IMN No.	
3d) Other equipment				
Protective canvas/Tarpaulins			<input type="checkbox"/>	<input type="checkbox"/>
4a) Vehicles Type B		Number		
			YES	NO
Do positions conform to map of circuit/ posts?			<input type="checkbox"/>	<input type="checkbox"/>
Doctor as per Medical Code			<input type="checkbox"/>	<input type="checkbox"/>
Staff as per Medical Code			<input type="checkbox"/>	<input type="checkbox"/>
4b) Medical equipment			YES	NO
Portable oxygen supply			<input type="checkbox"/>	<input type="checkbox"/>
Manual and automatic ventilator			<input type="checkbox"/>	<input type="checkbox"/>
Intubation equipment			<input type="checkbox"/>	<input type="checkbox"/>
Suction equipment			<input type="checkbox"/>	<input type="checkbox"/>
Intravenous infusion equipment			<input type="checkbox"/>	<input type="checkbox"/>
Equipment to immobilise limbs and spine (including cervical spine)			<input type="checkbox"/>	<input type="checkbox"/>
Sterile dressings			<input type="checkbox"/>	<input type="checkbox"/>
Thoracic drainage equipment/Chest decompression equipment			<input type="checkbox"/>	<input type="checkbox"/>
Tracheostomy equipment/Surgical airway equipment			<input type="checkbox"/>	<input type="checkbox"/>
Sphygmomanometer and stethoscope			<input type="checkbox"/>	<input type="checkbox"/>
Stretcher			<input type="checkbox"/>	<input type="checkbox"/>
Scoop stretcher			<input type="checkbox"/>	<input type="checkbox"/>
ECG monitor and defibrillator			<input type="checkbox"/>	<input type="checkbox"/>
Pulse oximeter			<input type="checkbox"/>	<input type="checkbox"/>
Drugs for resuscitation and analgesia/ IV fluids			<input type="checkbox"/>	<input type="checkbox"/>
4c) Technical equipment				
Radio communication with the Race Direction and CMO			<input type="checkbox"/>	<input type="checkbox"/>
Visible and audible signals			<input type="checkbox"/>	<input type="checkbox"/>
Equipment to remove suits and helmets			<input type="checkbox"/>	<input type="checkbox"/>
Type of vehicle				
5) Medical ground posts		Number		
Do positions conform to map of circuit/ posts?			<input type="checkbox"/>	<input type="checkbox"/>
Doctor			<input type="checkbox"/>	<input type="checkbox"/>
First aiders or stretcher bearers			<input type="checkbox"/>	<input type="checkbox"/>
Paramedic or equivalent experienced in resuscitation and pre-hospital management of trauma			<input type="checkbox"/>	<input type="checkbox"/>
Two first aiders or stretcher bearers			<input type="checkbox"/>	<input type="checkbox"/>

CLASS

IMN No.

	YES	NO
5a) Medical equipment		
Equipment for initiating resuscitation and emergency treatment including:		
Initial airway	<input type="checkbox"/>	<input type="checkbox"/>
Ventilatory support	<input type="checkbox"/>	<input type="checkbox"/>
Haemorrhage control	<input type="checkbox"/>	<input type="checkbox"/>
Cervical collar	<input type="checkbox"/>	<input type="checkbox"/>
Extrication device - This should be a Scoop stretcher or if not available a spinal board or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Devices such as "NATO" or other canvas stretchers that require the rider to be lifted on to them are no longer acceptable.	<input type="checkbox"/>	<input type="checkbox"/>
5b) Medical equipment		
Equipment for initiating resuscitation and emergency treatment	<input type="checkbox"/>	<input type="checkbox"/>
Cervical collar	<input type="checkbox"/>	<input type="checkbox"/>
Scoop stretcher or spinal board or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
5c) Technical equipment		
Radio communication with CMO	<input type="checkbox"/>	<input type="checkbox"/>
5d) Other equipment		
Protective canvas/Tarpaulins	<input type="checkbox"/>	<input type="checkbox"/>
6a) Medical centre		
Is it a permanent structure?	<input type="checkbox"/>	<input type="checkbox"/>
6b) Number of rooms	<input type="text"/>	
Area in sq.m.	<input type="text"/>	
	YES	NO
Secure environment from which media and public can be excluded	<input type="checkbox"/>	<input type="checkbox"/>
Area easily accessible by First Aid vehicles	<input type="checkbox"/>	<input type="checkbox"/>
Helicopter landing area nearby	<input type="checkbox"/>	<input type="checkbox"/>
Water supply, heating, air-conditioning and sanitation appropriate to the country	<input type="checkbox"/>	<input type="checkbox"/>
Parking for ambulances	<input type="checkbox"/>	<input type="checkbox"/>
6c) Minimum room dimensions and requirements		
1 resuscitation room	<input type="checkbox"/>	<input type="checkbox"/>
or		
2 resuscitation rooms	<input type="checkbox"/>	<input type="checkbox"/>

CLASS

IMN No.

6d) Equipment for resuscitation areas

YES NO

Equipment for endotracheal intubation, tracheostomy and ventilation support including suction, oxygen and anaesthetic agents	<input type="checkbox"/>	<input type="checkbox"/>
Equipment for intravenous access including cut down and central venous cannulation and fluids including colloid plasma expanders and crystalloid solutions	<input type="checkbox"/>	<input type="checkbox"/>
Intercostal drainage equipment	<input type="checkbox"/>	<input type="checkbox"/>
Equipment for cardiac monitoring and resuscitation, including ECG monitoring, defibrillation and blood pressure measurement	<input type="checkbox"/>	<input type="checkbox"/>
Equipment for immobilising the spine at all levels	<input type="checkbox"/>	<input type="checkbox"/>
Equipment for the splinting of limb fractures	<input type="checkbox"/>	<input type="checkbox"/>
Drugs/ IV fluids including analgesia, sedating agents, anticonvulsants, paralysing and anaesthetic agents, cardiac resuscitation drugs/ IV fluids	<input type="checkbox"/>	<input type="checkbox"/>

6e) Staff are appropriately trained & skilled

6f) Is there another facility for treatment of injured riders-

Room, container or tent (please describe/specify) - only to be filled in if there is no Medical Centre

6g) Personnel of Medical Centre

(please fill in the number)

day	0	1	2	3
-----	---	---	---	---

Doctor
Nurse
Paramedic
First Aider
Stretcher Bearer
Driver
Other
Med. Personnel (in total)

0 Thursday
 1 Friday
 2 Saturday
 3 Sunday

number	<input style="width: 30px; height: 20px;" type="text"/>			
	<input style="width: 30px; height: 20px;" type="text"/>			
	<input style="width: 30px; height: 20px;" type="text"/>			
	<input style="width: 30px; height: 20px;" type="text"/>			
	<input style="width: 30px; height: 20px;" type="text"/>			
	<input style="width: 30px; height: 20px;" type="text"/>			
	<input style="width: 30px; height: 20px;" type="text"/>			
	<input style="width: 30px; height: 20px;" type="text"/>			

Specialists at medical centre (mentioning specialty)

	yes	no
1. Surgeon experienced in trauma	<input type="checkbox"/>	<input type="checkbox"/>
2. Trauma resuscitation specialist	<input type="checkbox"/>	<input type="checkbox"/>

Other Specialists

3.	<input style="width: 80%; height: 20px;" type="text"/>
4.	<input style="width: 80%; height: 20px;" type="text"/>

CLASS

IMN No.

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

8) **Ways to cross the track during racing**

	YES	NO
Tunnel	<input type="text"/>	<input type="text"/>
Bridge	<input type="text"/>	<input type="text"/>

9a) **Helicopter**

Helicopter with medical equipment **Number**

	YES	NO
Fluids and drugs	<input type="text"/>	<input type="text"/>
Respirator	<input type="text"/>	<input type="text"/>
Oxygen	<input type="text"/>	<input type="text"/>
ECG/defibrillator	<input type="text"/>	<input type="text"/>

9b) **Personnel (specify)**

Doctor
Paramedic or equivalent
Pilot

0 Thursday
1 Friday
2 Saturday
3 Sunday

day	0	1	2	3
-----	---	---	---	---

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

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

	YES	NO
Doctor	<input type="text"/>	<input type="text"/>
Nurses, paramedics or equivalent	<input type="text"/>	<input type="text"/>

11) **Is there separate medical personnel for Spectators?**

<input type="text"/>	<input type="text"/>
----------------------	----------------------

(please fill in the number)

Personnel (specify)

Doctor
Nurse
Paramedic
First Aider
Stretcher Bearer
Driver
Other
Med. Personnel (in total)

0 Thursday
1 Friday
2 Saturday
3 Sunday

day	0	1	2	3
Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

12) **Facilities for doping controls**

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

CLASS

IMN No.

13) Hospitals

Type of hospital	Name of Hospital	GPS coordinate	Time to Hospital		Distance km
			Road min	Air min	
a) Local hospital	<input type="text"/>				
b) General Surgery	<input type="text"/>				
c) Orthopaedic/Trauma	<input type="text"/>				
d) Neurosurgery	<input type="text"/>				
e) Spinal Injuries	<input type="text"/>				
f) Cardio/Thoracic Surgery	<input type="text"/>				
g) Burns/Plastic Surgery	<input type="text"/>				
h) Vascular Surgery	<input type="text"/>				
i) Micro Surgery	<input type="text"/>				

14) A route map to the hospitals is enclosed YES NO

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

Remarks:

Date:

Signature of the CMO:



Fédération Internationale de Motocyclisme
11, route Suisse - CH-1295 Mies (Suisse)
E-mail: cmi@fim.ch

**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
-----	---	---

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

Number	<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"/>

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**

	YES	NO
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.**

	YES	NO

Remarks:

Date:

Signature of the CMO:



Fédération Internationale de Motocyclisme
11, route Suisse - CH-1295 Mies (Suisse)
E-mail: cmi@fim.ch

**CIRCUIT CMO QUESTIONNAIRE
ENDURO
(Form to be used by CMO)**

**The following questionnaire is to be completed
prior to the event with**

- a) A map of the circuit/ posts indicating the medical services
- b) Written confirmation that the hospitals are aware of the time of practice and racing and returned to the FIM 2 months and that injured riders will be treated with minimum delay

This form must also be given to the FIM Medical Inspector at the time of the inspection

Discipline **IMN No.**

Circuit **Date**

Country

CHIEF MEDICAL OFFICER

Lic. N°

Discipline

IMN No.

1) Are all medical services under the control of the Chief Medical Officer

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

2) Total personnel

(please fill in the number)

Doctor (including CMO)
Nurse
Paramedic or equivalent
Other Medical personnel
Stretcher bearer
Driver
Other (e.g.Pilot)
Total

0 Thursday
 1 Friday
 2 Saturday
 3 Sunday
 4 Monday

day	0	1	2	3	3	4
number						

3a) Vehicles Type A1 = Medical Intervention Vehicle

Number

Do positions conform to map of circuit/ posts?

Doctor as per Medical Code

Second doctor, paramedic or equivalent as per Medical Code

Driver as per Medical Code

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

3b) Vehicles Type A2 = Medical Intervention Vehicle

Number

Do positions conform to map of circuit/ posts?

Doctor as per Medical Code

Nurse, paramedic or equivalent as per Medical Code

Driver as per Medical Code

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

3c) 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"/>

Discipline

IMN No.

3d) Technical equipment

- Radio communication with Race Control and CMO
- Visible and audible signals
- Equipment to remove suits and helmets

YES

NO

3e) Type of vehicle

- Quad
- Ambulance
- other
- Bike
- Car

3f) Other equipment

- Protective canvas / Tarpaulins

YES

NO

4a) Vehicles Type B1

Number

- Do positions conform to map of circuit/ posts?
- Doctor as per Medical Code
- Personnel as per Medical Code

YES

NO

4b) Vehicles Type B2

Number

- Do positions conform to map of circuit/ posts?
- Doctor as per Medical Code
- Personnel as per Medical Code

4c) Medical equipment

- Portable oxygen supply
- Manual and automatic ventilator
- Intubation equipment
- Suction equipment
- Intravenous infusion equipment
- Equipment to immobilise limbs and spine
(including cervical spine)
- Sterile dressings
- Thoracic drainage equipment
- Tracheostomy equipment
- Sphygmomanometer and stethoscope
- Stretcher
- Scoop stretcher
- ECG monitor and defibrillator
- Pulse oximeter
- Drugs for resuscitation and analgesia/ IV fluids

Discipline

IMN No.

4d) Technical equipment

- Radio communication with Race Control and CMO
- Visible and audible signals
- Equipment to remove suits and helmets
- Air conditioning and refrigerator (recommended)

YES

NO

Type of vehicle

5a) Vehicles Type C

Number

- Do positions conform to map of circuit/ posts?
- Personnel as per Medical Code

YES

NO

5b) Medical equipment

- Stretcher
- Oxygen supply
- Equipment to immobilise limbs and spine
- First Aid medicaments and materials

5c) Technical equipment

- Radio communication
- Visible and audible signals

5d) Type of vehicle

5e) Personnel

- Doctor, nurse, paramedic or equivalent experienced in emergency care
- Stretcher bearer

YES

NO

5f) Medical Equipment

- Equipment for initiating resuscitation and emergency treatment
- Cervical collar
- Scoop stretcher

5g) Technical equipment

- Radio communication with Race Control and CMO

6) Vehicles for transport to hospital

Number

7) Clothing of medical personnel as per Medical Code

- Doctor
- Paramedics or equivalent

Discipline

IMN No.

8) Hospitals :

Type of hospital	Name of Hospital	Time to Hospital		Distance km
		Road	Air	
		min	min	
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) Orthopaedic/Trauma		<input type="text"/>	<input type="text"/>	<input type="text"/>
d) Neurosurgery		<input type="text"/>	<input type="text"/>	<input type="text"/>
e) Spinal Injuries		<input type="text"/>	<input type="text"/>	<input type="text"/>
f) Cardio/Thoracic Surgery		<input type="text"/>	<input type="text"/>	<input type="text"/>
g) Burns/Plastic Surgery		<input type="text"/>	<input type="text"/>	<input type="text"/>
h) Vascular Surgery		<input type="text"/>	<input type="text"/>	<input type="text"/>
i) Micro Surgery		<input type="text"/>	<input type="text"/>	<input type="text"/>

9) A route map to the hospitals is enclosed

YES NO

10) Trackside positions of Doctors

Please enter for every doctor (CMO,2,3,...) where he/she will be stationed. Remember to enter only one x in each column (except where is an asterix (Type A1 and B1), please enter the post n°)

Doctor (number)	CMO	1	2	3	4	5	6	7	8	9	10
Race Control											
other place											
Type A1*											
Type B1*											

Discipline

IMN No.

YES	NO
-----	----

11) The CIRCUIT CMO QUESTIONNAIRE has been completed by the CMO

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

Remarks:

Date of completion :

CMO signature:



Fédération Internationale de Motocyclisme
11, route Suisse - CH-1295 Mies (Suisse)
E-mail: cmi@fim.ch

CIRCUIT CMO QUESTIONNAIRE International Six Days of Enduro / ISDE

(Form to be used by CMO)

The following questionnaire is to be completed and returned to the FIM 2 months prior to the event with

a) A map of the circuit/ posts indicating the medical services

b) Written confirmation that the hospitals are aware of the time of practice and racing and that injured riders will be treated with minimum delay

This form must also be given to the FIM Medical Inspector at the time of the inspection

Discipline	<input type="text"/>	IMN No.	<input type="text"/>
Circuit	<input type="text"/>	Date	<input type="text"/>
Country	<input type="text"/>		
CHIEF MEDICAL OFFICER	<input type="text"/>		
	LIC. N°.	<input type="text"/>	

Discipline

IMN No.

1) **Are all medical services under the control of the Chief Medical Officer** YES NO

2) **Total personnel (medical centre, track)**

(please fill in the number)

		1	2	3	4	5	6
Doctor (including CMO)	1	Tuesday					
Nurse	2	Wednesday					
Paramedic or equivalent	3	Thursday					
Other Medical personnel	4	Friday					
Stretcher bearer	5	Saturday					
Driver	6	Sunday					
Other (e.g. Pilot)							
Total							

3a) **Vehicles Type A1 = Medical Intervention Vehicle** Number

Do positions conform to map of circuit/ posts? YES NO
 Doctor as per Medical Code
 Second doctor, nurse, paramedic or equivalent as per Medical Code
 Driver as per Medical Code

3b) **Vehicles Type A2 = Medical Intervention Vehicle** Number

Do positions conform to map of circuit/ posts? YES NO
 Doctor as per Medical Code
 Nurse, paramedic or equivalent as per Medical Code
 Driver as per Medical Code

3c) Medical Equipment

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

3d) Technical Equipment

Radio communication with Race Director and CMO	<input type="checkbox"/>	<input type="checkbox"/>
Visible and audible signals	<input type="checkbox"/>	<input type="checkbox"/>
Equipment to remove suits and helmets	<input type="checkbox"/>	<input type="checkbox"/>

Type of vehicle Quad Bike
Ambulance Car
other

3e) Other equipment

Protective canvas / tarpaulins

Discipline

IMN No.

4a) Vehicles Type B1

Number

YES

NO

Do positions conform to map of circuit/ posts?

Doctor as per Medical Code

Personnel as per Medical Code

4b) Vehicles Type B2

Number

Do positions conform to map of circuit/ posts?

Doctor as per Medical Code

Personnel as per Medical Code

4c) Medical Equipment

Portable oxygen supply

Manual and automatic ventilator

Intubation equipment

Suction equipment

Intravenous infusion equipment

Equipment to immobilise limbs and spine

(including cervical spine)

Sterile dressings

Thoracic drainage equipment/Chest decompression equipment

Tracheostomy equipment/Surgical airway equipment

Sphygmomanometer and stethoscope

Stretcher

Scoop stretcher

ECG monitor and defibrillator

Pulse oximeter

Drugs for resuscitation and analgesia/ IV fluids

4d) Technical Equipment

Radio communication with Race Director and CMO

Visible and audible signals

Equipment to remove suits and helmets

Air conditioning and refrigerator (recommended)

Type of vehicle

5) Vehicles Type C

Number

Do positions conform to map of circuit/ posts?

Personnel as per Medical Code

5a) Equipment (Medical)

Stretcher

Oxygen supply

Equipment to immobilise limbs and spine

First Aid medicaments and materials

5b) Equipment (Technical)

Radio communication

Visible and audible signals

Type of vehicle

Discipline

IMN No.

	YES	NO
5c) Personnel		
Doctor/ paramedic or equivalent experienced in emergency care	<input type="checkbox"/>	<input type="checkbox"/>
Stretcher bearer	<input type="checkbox"/>	<input type="checkbox"/>
5d) Medical Equipment		
Equipment for initiating resuscitation and emergency treatment	<input type="checkbox"/>	<input type="checkbox"/>
Cervical collar	<input type="checkbox"/>	<input type="checkbox"/>
Scoop stretcher	<input type="checkbox"/>	<input type="checkbox"/>
5e) Technical Equipment		
Radio communication with Race Control and CMO	<input type="checkbox"/>	<input type="checkbox"/>
6) Medical Centre (Mandatory in 6 days Enduro)		
Is a medical centre available as per Medical Code?	<input type="checkbox"/>	<input type="checkbox"/>
Secure environment from which media and public can be excluded	<input type="checkbox"/>	<input type="checkbox"/>
Area easily accessible by First Aid vehicles	<input type="checkbox"/>	<input type="checkbox"/>
Helicopter landing area nearby	<input type="checkbox"/>	<input type="checkbox"/>
A room large enough to treat more than one rider with minor injurie simultaneously	<input type="checkbox"/>	<input type="checkbox"/>
Temporary separation in this area, e.g. curtains or screens	<input type="checkbox"/>	<input type="checkbox"/>
Radio communication with Race Control, CMO, ambulances & ground posts	<input type="checkbox"/>	<input type="checkbox"/>
If the Medical Centre is fed by normal power electric supply, it must also be permanently connected to its own U.P.S. (Uninterruptible Power Supply)	<input type="checkbox"/>	<input type="checkbox"/>
Water supply, heating, air-conditioning and sanitation appropriate to the country	<input type="checkbox"/>	<input type="checkbox"/>
Office facilities	<input type="checkbox"/>	<input type="checkbox"/>
Dirty utility container	<input type="checkbox"/>	<input type="checkbox"/>
Equipment storage	<input type="checkbox"/>	<input type="checkbox"/>
Parking for ambulances	<input type="checkbox"/>	<input type="checkbox"/>
Medical Equipment		
6a) Equipment for resuscitation		
Equipment for endotracheal intubation, tracheostomy and ventilation support including suction, oxygen and anaesthetic agents	<input type="checkbox"/>	<input type="checkbox"/>
Equipment for intravenous access including cut down and central venous cannulation	<input type="checkbox"/>	<input type="checkbox"/>
Fluids including colloid plasma epanders and crystalloid solutions	<input type="checkbox"/>	<input type="checkbox"/>
Intercostal drainage equipment	<input type="checkbox"/>	<input type="checkbox"/>
Equipment for cardiac monitoring and resuscitation, including ECG monitoring, defibrillation and blood pressure measurement	<input type="checkbox"/>	<input type="checkbox"/>
Equipment for immobilising the spine at all levels	<input type="checkbox"/>	<input type="checkbox"/>
Equipment for the splinting of limb fractures	<input type="checkbox"/>	<input type="checkbox"/>
Drugs/ IV fluids including analgesia, sedating agents, anticonvulsants, paralysing and anaesthetic agents, cardiac resuscitation drugs/ IV fluids	<input type="checkbox"/>	<input type="checkbox"/>
6b) Equipment for minor injuries		
The area must have beds, dressings, suture equipment and fluids to treat up to three riders with minor injuries simultaneously.	<input type="checkbox"/>	<input type="checkbox"/>
Sufficient stocks to replenish the area during the event must be available and sufficient doctors, nurses and paramedics or equivalent experienced in treating trauma must be available	<input type="checkbox"/>	<input type="checkbox"/>

Discipline

IMN No.

6c) Personnel

(please fill in the number)

Doctor
Nurses
Paramedic or equivalent
Stretcher bearer
Driver
Other
Total

- 1 Tuesday
- 2 Wednesday
- 3 Thursday
- 4 Friday
- 5 Saturday
- 6 Sunday

day	1	2	3	4	5	6
number						

Specialists at medical centre (mentioning specialty)

			yes	no
1. Surgeon experienced in trauma				
2. Trauma resuscitation specialist				

Other Specialists

3.
4.

7) Anti-Doping facilities

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

8) Vehicles for transport to hospital

Number

9) Helicopter

9a) Helicopter with medical equipment

Number

- Fluids and drugs
- Respirator
- Oxygen
- ECG/defibrillator

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

9b) Personnel (specify)

Doctor
Nurse, paramedic or equivalent
Pilot
Total

- 1 Tuesday
- 2 Wednesday
- 3 Thursday
- 4 Friday
- 5 Saturday
- 6 Sunday

day	1	2	3	4	5	6
Number						

12c) Clothing of medical personnel as per Medical Code

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

- Doctor
- Paramedics or equivalent

13) Hospitals :

Type of hospital	Name of Hospital	GPS Coordinates	Time to hospital		Distance km
			Route min	Air min	
a) Local hospital			<input type="text"/>	<input type="text"/>	<input type="text"/>
b) General Surgery			<input type="text"/>	<input type="text"/>	<input type="text"/>

Discipline		IMN No.		Time to hospital		Distance
Type of hospital	Name of Hospital	GPS Coordinates		Route	Air	km
				min	min	
c) Orthopaedic/Trauma						
d) Neurosurgery						
e) Spinal Injuries						
f) Cardio/Thoracic Surgery						
g) Burns/Plastic Surgery						
h) Vascular Surgery						
i) Micro Surgery						

14) A route map to the hospitals is enclosed

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

15) **Trackside positions of Doctors**

Please enter for every doctor (CMO,2,3,...) where he/she will be stationed. Remember to enter only one x in each column (except where there is an asterix (Type A1 and B1), please enter the post n°)

Doctor (number)	CMO	1	2	3	4	5	6	7	8	9	10
Race Control											
other place											
Type A1*											
Type B1*											
Medical Centre/ Art. 7d)											

Discipline

IMN No.

16) The CIRCUIT CMO QUESTIONNAIRE has been completed by the CMO

YES

NO

Remarks:

Date of completion :

CMO signature:



Fédération Internationale de Motocyclisme
11, route Suisse - CH-1295 Mies (Suisse)
E-mail: cmi@fim.ch

CIRCUIT CMO QUESTIONNAIRE SPEEDWAY

(Form only to be used by CMO)

This questionnaire has to be completed by the CMO
(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:

- 1) A map of the track including medical overview of medical personal, ambulances and fire service
- 2) A map of the track indicating the routes for urgent evacuation
- 3) Written confirmation of CMO about availability of medical staff during the event
- 4) Written confirmation of all hospitals involved
- 5) Road map to hospital(s)

A copy of this form has to be handed over before the first inspection
to the FIM Medical Representative

Discipline **IMN No.**

Circuit **Date**

Country

CHIEF MEDICAL OFFICER

LIC.-No.

6) **Are all medical services under the control of the Chief Medical Officer** YES NO

7) **Total personnel during event**

day	1	2
-----	---	---

Doctor (including CMO)
Nurses
Paramedic or equivalent
Other Medical personnel
Driver
Total

number		

8) **Vehicles Type B1** Number
Vehicles Type B2 Number

Do positions conform to map of sections?
 Doctor as per Medical Code YES NO
 Personnel as per Medical Code

8a) **Medical Equipment**

Stretcher	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen supply	<input type="checkbox"/>	<input type="checkbox"/>
Equipment to immobilise limbs and spine	<input type="checkbox"/>	<input type="checkbox"/>
First Aid medicaments and materials	<input type="checkbox"/>	<input type="checkbox"/>

8b) **Technical Equipment**

Radio communication with the Race Director and CMO (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Visible and audible signals	<input type="checkbox"/>	<input type="checkbox"/>

8c) **Medical Ground Post** Number

Do positions conform to map of section? YES NO

8d) **Personnel**

Doctor, nurse, paramedic or equivalent experienced in emergency care	<input type="checkbox"/>	<input type="checkbox"/>
Stretcher bearer	<input type="checkbox"/>	<input type="checkbox"/>

8e) **Medical Equipment**

Equipment for initiating resuscitation and emergency treatment	<input type="checkbox"/>	<input type="checkbox"/>
Cervical collar	<input type="checkbox"/>	<input type="checkbox"/>
Scoop stretcher	<input type="checkbox"/>	<input type="checkbox"/>

8f) **Technical Equipment**

Radio communication with Race Director (if applicable) and CMO	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

9) **Is a facility available for treatment of injured competitors**
 Room, container or tent (please describe/specify) -
 to complete if there is no Medical Centre

10) **Vehicles for transport to hospital** **Type C** **Number**

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

	YES	NON
Doctor	<input type="checkbox"/>	<input type="checkbox"/>
Paramedics or equivalent	<input type="checkbox"/>	<input type="checkbox"/>

12) **Anti-doping facilities**

13) **Hospitals**

Type of hospital	Name of Hospital	Time to hospital		Distance
		Route	Air	km
		min	min	
a) Local hospital	<input style="width: 100%;" type="text"/>	<input type="text"/>	<input type="text"/>	<input style="width: 100%;" type="text"/>
b) General Surgery	<input style="width: 100%;" type="text"/>	<input type="text"/>	<input type="text"/>	<input style="width: 100%;" type="text"/>
c) Orthopaedic/Trauma	<input style="width: 100%;" type="text"/>	<input type="text"/>	<input type="text"/>	<input style="width: 100%;" type="text"/>

14) **The CIRCUIT CMO QUESTIONNAIRE has been completed by the CMO, medical service is in accordance with art. 09.7.6 of the Medical Code.** **YES** **NO**

Remarks:

Date:

CMO Signature:



HIGHLY CONFIDENTIAL
LIST OF MEDICALLY UNFIT RIDERS FOR DOCTORS ONLY
 To be completed by the Chief Medical Officer

To: FIM Medical Directors/FIM Medical Officer/FIM Medical Delegate: MotoGP, WSBK, Endurance, MXGP, Speedway GP ONLY

To the Chief Medical Officer at _____ Circuit for event IMN N° _____ (the next event in the series)

The following riders were rendered medically **unfit** to ride at

Event IMN N° _____

Date of event: _____

NAME	RIDING N°	CLASS	DATE OF INJURY	NATURE OF INJURY / ILLNESS



APPENDIX G

**HIGHLY CONFIDENTIAL
LIST OF MEDICALLY UNFIT RIDERS FOR DOCTORS ONLY**

To be completed by the Chief Medical Officer

To: FIM Medical Directors/FIM Medical Officer/FIM Medical Delegate: MotoGP, WSBK, Endurance, MXGP, Speedway GP ONLY

The following riders were included on a previous "List of Medically Unfit Riders" and have not yet been passed as "medically fit to ride".

NAME	RIDING N°	CLASS	DATE OF INJURY	NATURE OF INJURY / ILLNESS

Date

Signature of Chief Medical Officer



HIGHLY CONFIDENTIAL
LIST OF MEDICALLY UNFIT RIDERS FOR DOCTORS ONLY
To be completed by the Chief Medical Officer

To: FIM Medical Directors/FIM Medical Officer/FIM Medical Delegate: MotoGP, WSBK, Endurance, MXGP, Speedway GP ONLY

Any rider on these lists wishing to compete must have a Medical Examination to determine their medical fitness to ride in accordance the FIM Medical Code before they next compete at an event. The list must also include any rider who has been treated by a doctor other than the official doctors of the event. At the end of an event this form must be completed by the CMO to include any rider who has been injured. The form must then be given directly to the relevant FIM Medical Director/Officer/Delegate as above, for delivery to the CMO of the next event in an envelope marked "Highly Confidential". The information contained in this form must be treated in the strictest confidence and is for the FIM Medical Director/Officer/Delegate and CMO only.

Data Privacy

The CMO, FIM Medical Officer, FIM Medical Director, FIM WSBK Medical Director, FIM Endurance, MXGP Medical Directors, FIM Speedway GP Medical Delegate shall not disclose this Rider's Personal Data or Sensitive Personal Data 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 or permanently anonymised. As a general rule, retaining Sensitive Personal Data requires stronger or more compelling reasons than for Personal Data.



**HIGHLY CONFIDENTIAL
LIST OF MEDICALLY UNFIT RIDERS FOR DOCTORS ONLY
To be completed by the Chief Medical Officer**

To: FIM Medical Directors/FIM Medical Officer/FIM Medical Delegate: MotoGP, WSBK, Endurance, MXGP, Speedway GP ONLY

Any rider going through Medical Examination 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 CMO, FIM Medical Officer, FIM Medical Director, FIM WSBK Medical Director, FIM Endurance Medical Director, FIM MXGP Medical Director and FIM Speedway GP Medical Delegate.

A rider or his authorised representative shall be entitled to request to erase, rectify or obtain any Personal Data or Sensitive Personal Data the FIM holds about him in accordance with the FIM Medical Code by sending a written request to gdp-medical@fim.ch.



**PROCEDURE FOR A MEDICAL ASSESSMENT AND HOMOLOGATION
FOR CIRCUIT RACING GP, WSBK, ENDURANCE, MXGP, MxON, SGP CIRCUITS**

Medical Assessment

A medical assessment is a visit by an FIM Medical Assessor (FIM Medical Officer/Director/Delegate/Representative) during an event following receipt of the CMO questionnaire of the relevant circuit in order to:

establish the level of the medical facilities and the medical centre of the circuit in order to ensure the highest standard of services for the safety of the riders and to establish their conformity with the FIM Medical Code and make recommendations as necessary with a view to a medical homologation based on the CMO questionnaire previously received and reviewed by the FIM Medical Assessor.

and

verify all medical facilities and the medical centre together with the services required to provide appropriate and necessary medical interventions.

and

issue a medical assessment and homologation report for the circuit.

An initial medical assessment before the event (Medical Pre-assessment) may be compulsory:

- To determine the minimum medical requirements and facilities for any new circuit to be used for the first time. Such an assessment may be followed by a further medical pre-assessment if necessary but will be followed by a compulsory medical review during the event to confirm the provision and appropriateness of these medical services.

APPENDIX H1

CIRCUIT RACING GP, WSBK, ENDURANCE, MXGP, MxON, SGP CIRCUITS

An intermediate medical assessment before the event may be required for:

- a) existing circuits that have already been used and received a grade A but have undergone significant changes in the layout of the circuit or the medical centre.
- b) existing circuits which have received a grade B or C in the previous assessment.

A medical assessment during the event is compulsory for:

- a) any new circuit to be used for the first time.
- b) existing circuits which have received a grade B or C in the previous assessment.
- c) existing circuits that have already been used and received a grade A but have undergone significant changes in the layout of the circuit or the medical centre.
- d) the circuits for which the previous medical homologation has expired.

Assessment requests

The FMN can request a medical assessment, but the FIM reserves the right to review a medical homologation and require a medical assessment at any time.

In the event of inadequate medical facilities or work to be carried out to the medical centre, the medical assessor may decide to carry out one or more further intermediate medical reviews, if necessary.

The medical homologation becomes effective only after a FINAL medical assessment resulting in a grade A or B as defined below.

The CMI will appoint the FIM Medical Assessor.

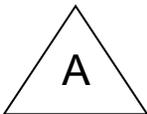
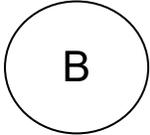
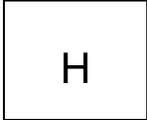
Documents to be submitted for a medical assessment to be returned to the FIM at least 2 months prior to the medical assessment.

The FIM Circuit CMO Questionnaire to be completed by the Chief Medical Officer (CMO) (see Appendix F of the FIM Medical Code).

Two (2) copies of a map of the circuit medical services, one in hard copy and the other in electronic format to a minimum scale of 1:2000 indicating the positions.

APPENDIX H1

CIRCUIT RACING GP, WSBK, ENDURANCE, MXGP, MxON, SGP CIRCUITS

- vehicle type A	in red with	
- vehicle type B	in blue with	
- vehicle type C	in green with	
- medical centre	in green with	
- ground post	in yellow with	
- pit lane ground post	in yellow with	
- helicopter landing area	in orange with	

and routes for urgent evacuation

Plan of the circuit medical centre.

APPENDIX H1

CIRCUIT RACING GP, WSBK, ENDURANCE, MXGP, MxON, SGP CIRCUITS

Medical assessment procedure

At all medical assessments, it shall be the duty of the FIM Medical Assessor to examine all the medical facilities at the circuit and make recommendations when required to ensure that these conform to the FIM Medical Code.

During the medical assessment, the presence of the Chief Medical Officer (CMO), the Clerk of the Course and/or a responsible representative of the circuit is required.

Grading of circuit medical assessment and homologations

The medical assessment and homologation will be graded as follows:

A: 1 year

A medical assessment and medical homologation report will be issued.

B: Further improvements to the medical service are required and a further medical assessment is compulsory the following year.

In the event of two successive assessments resulting in grade B, the circuit will automatically be downgraded to grade C as defined below.

C: The medical service provision does not comply with the requirements of the FIM Medical Code and a further detailed medical review is compulsory prior to any FIM event taking place.

Further medical assessment is required before any FIM event can take place until the circuit obtains at least a grade B.

Expenses for medical assessments/homologations

Costs for medical assessments /homologations

The costs of transport and accommodation of the Medical Assessor for medical assessment of track or circuits taking place during the event are borne by the FIM.

When the medical assessment requiring further assessment and takes place before the date of the event, these costs are invoiced to the FMNR, by way of the quarterly invoice of amounts payable by the FMNR. When a track or circuit is assessed without a race being included in the calendar of the current or the coming year, the costs are also later invoiced to the FMNR.

**APPENDIX H2
FOR ALL DISCIPLINES**

**EXCEPT FOR CIRCUIT RACING GP, WorldSBK, ENDURANCE, MXGP, MXoN, SGP
CIRCUITS**



**PROCEDURE FOR A CIRCUIT MEDICAL ASSESSMENT AND HOMOLOGATION
FOR ALL DISCIPLINES EXCEPT FOR CIRCUIT RACING GP, WSBK, ENDURANCE,
MXGP, MXoN, SGP CIRCUITS**

Medical Assessment

A medical assessment is a visit by an FIM Medical Assessor (FIM Medical Representative) during an event in order to:

- establish the level of the medical facilities and the medical centre of the circuit in order to ensure the highest standard of services for the safety of the riders and to establish their conformity with the FIM Medical Code and make recommendations as necessary with a view to a medical homologation based on the CMO questionnaire previously received and reviewed by the FIM Medical Assessor.

and

- verify all medical facilities and the medical centre together with the services required to provide appropriate and necessary medical interventions

and

- issue a medical assessment and homologation report for the circuit.

In the case of no FIM Medical Representative being appointed to the event and no assessment being carried out during the event, the FIM Medical Assessor will review the CMO questionnaire received at least 60 days prior to the event and will forward their advice and recommendations in writing to the CMO and FMNR.

An initial medical assessment before the event (Medical Pre-assessment) may be required:

- To determine the minimum medical requirements and facilities for any new circuit to be used for an FIM Championship or Prize event for the first time. Such an assessment may be followed by a further Medical Pre-assessment if necessary and may be followed by a Medical review during the event to confirm the provision and appropriateness of these medical services.

An intermediate medical assessment before the event may be required for:

- a) existing circuits that have already been used for an FIM Championship and Prize event and received a grade A but have undergone significant changes in the layout of the circuit or the medical centre.
- b) existing circuits which have received a grade B or C in the previous assessment.

A medical assessment during the event may be compulsory for:

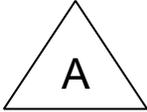
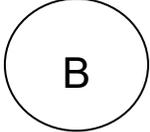
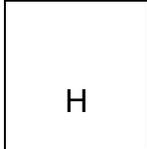
- a) any new circuit to be used for an FIM Championship or Prize event for the first time.
- b) existing circuits which have received a grade B or C in the previous assessment.
- c) existing circuits that have already been used for an FIM Championship and Prize event and received a grade A but have undergone significant changes in the layout of the circuit or the medical centre.
- d) the circuits for which the previous medical homologation has expired.

Assessment requests

- The FMN can request a medical assessment, but the FIM reserves the right to review a medical homologation and require a medical assessment at any time.
- In the event of inadequate medical facilities or work to be carried out to the medical centre, the FIM Medical Assessor may decide to carry out one or more further intermediate medical reviews, if necessary.
- The medical homologation becomes effective only after a FINAL medical assessment resulting in a grade A or B as defined below.
- The CMI will appoint the FIM Medical Assessor.

Documents to be submitted for a medical assessment to be returned to the FIM at least 2 months prior to the medical assessment.

- The FIM Circuit CMO Questionnaire to be completed by the Chief Medical Officer (CMO) (see Appendix F of the FIM Medical Code).
- Two (2) copies of a map of the circuit medical services, one in hard copy and the other in electronic format to a minimum scale of 1:2000 indicating the positions.

✓ vehicle type A	in red with	
✓ vehicle type B	in blue with	
✓ vehicle type C	in green with	
✓ medical centre	in green with	
✓ ground post	in yellow with	
✓ pit lane ground post	in yellow with	
✓ helicopter landing area o and routes for urgent evacuation	in orange with	

- ✓ Plan of the circuit medical centre.

Medical assessment procedure

At all medical assessments, it shall be the duty of the FIM Medical Assessor to examine all the medical facilities at the circuit and make recommendations when required to ensure that these conform to the FIM Medical Code.

During the medical assessment, the presence of the Chief Medical Officer (CMO), the Clerk of the Course and/or a responsible representative of the circuit is required.

Grading of circuit medical assessments and homologations

The medical assessment and homologation will be graded as follows:

A: 3 years.

A medical assessment and homologation report will be issued.

B: Further improvements to the medical service are required and a further medical assessment may be carried out at the following year.

Medical assessment may be carried out before the next event.

In the event of two successive assessments resulting in grade B, the circuit will automatically be downgraded to grade C as defined below.

C: The medical service provision does not comply with the requirements of the FIM Medical Code and a further detailed medical review is compulsory prior to FIM events taking place.

Further medical assessment is required before any FIM event can take until the circuit obtains at least a grade B.

Expenses for medical assessments/homologations

Costs for medical assessments /homologations

The costs of transport and accommodation of the Medical Assessor for medical assessment of track or circuits taking place during the event are borne by the FIM.

When the medical assessment requiring further assessment and takes place before the date of the event, these costs are invoiced to the FMNR, by way of the quarterly invoice of amounts payable by the FMNR. When a track or circuit is assessed without a race being included in the calendar of the current or the coming year, the costs are also later invoiced to the FMNR.

9) **PROTECTIVE DEVICES WORN BY THE RIDER:**

Neckbrace: YES NO

Type:

Brand:

**Other protective devices:
(Please specify)**

10) **TIME of DEATH**

11) **DEATH** immediate evacuation hospital

12) **TIME of ARRIVAL of the FIRST AIDERS**

13) **TIME of START RESUSCITATION**

14) **THERAPY**

15) **AUTOPSY** YES NO

16) **RESULT of the AUTOPSY**

- | | | | |
|----------------------|-----------|-----------|-----------|
| 17) REMARKS | oil | dry track | wet track |
| | collision | fall | |
| | other | | |
| 18) DOCUMENTS | videos | pictures | magazines |
| | other | | |
| 19) COMMENTS | | | |

Data Privacy

Any rider going through Medical Examination 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 CMO. The CMO shall not disclose this Rider's Personal Data or Sensitive Personal Data except where such disclosures are strictly necessary in order to fulfil his obligations under the FIM Medical Code. He shall ensure that this Personal Data and Sensitive Personal Data is only retained when it remains relevant to fulfilling his 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.

Any rider going through Medical Examination 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 CMO.

A rider or his authorised representative shall be entitled to request to erase, rectify or obtain any Personal Data or Sensitive Personal Data the FIM holds about him in accordance with the FIM Medical Code by sending a written request to gdp-medical@fim.ch.

20) **SIGNATURE of CMO
of the EVENT:**

NAME of the CMO:

DATE:



FEDERATION INTERNATIONALE
DE MOTOCYCLISME

Concussion Guidelines

*Assessment &
Management*



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Foreword

Concussion is now recognised as a significant injury that, as a type of traumatic brain injury, if not recognised and managed appropriately can lead to potentially significant long-term impacts on health and well-being.

Since 2011 the FIM has included references and links to the International Consensus Statement on Concussion in Sport following the International Conference on Concussion in Sport which are updated approximately every four years. The most recent statement was issued in 2022 following the 6th International Conference on Concussion in Sport held in Amsterdam. This included the 6th version of the Sport Concussion Assessment Tool (SCAT6). However, it has become apparent that this assessment tool based on the Consensus Statement is, in several elements, not directly applicable to motorcycle sport.

Concussion in our sport was therefore included as the main theme for the first FIM Medical Summit in 2024 in Lyon, France and included presentations from several leading international experts including a co-author of the International Consensus Statement and from within motorcycle sport and other sports.

These guidelines reflect the agreement of FIM Medical Commission as an outcome of the Summit to develop concussion assessment and management guidelines specifically for our sport at all levels of racing. It was also agreed that education and awareness are paramount and an education program of education for our riders, teams, officials and federations is being developed in association with these guidelines.

These guidelines will provide clear and consistent procedures for doctors and riders to follow in the assessment of concussion and the process for return to sport following a concussion.

The first edition of these guidelines follows an extensive review of current research and guidelines and consultation with some of our FMNs and other sports.

It is intended that these guidelines will be regularly reviewed and updated in accordance with ongoing scientific research, emerging clinical evidence and best clinical practice to ensure our riders receive the highest standards of care for concussion to protect their health, well-being and safety.

Dr David McManus
FIM Medical Director
Director FIM International Medical Commission

Acknowledgements

FIM is indebted to many individuals and organisations for their expertise, assistance and guidance in the development of these guidelines. These include but are not limited to;

Members of the FIM International Medical Commission

Motorcycling Australia

Federal Government of Australia

FIM Academy

Dr Michael Turner, Medical Director and CEO of The International Concussion and Head Injury Research Foundation (ICHIRF)

Federation Internationale Automobile

World Rugby

Important Note on Application of Guidelines

FIM Concussion Guidelines are activated the moment the nature of the injury/illness is identified on the Injury Report Form as concussion, irrespective of the severity of the concussion or if it is considered a suspected concussion.

Any reported concussion is therefore required to follow the FIM Return to Sport Framework.

The concussion clearance assessment must be completed by a Medical Practitioner: a medical doctor qualified and registered to practice in the country of the event. This includes a GP, emergency physician, sports physician, neurologist, or any other medical doctor who has the experience in sports related concussion and motorcycle sports.

The concussion clearance can only be completed by a medical doctor and cannot be completed by a physiotherapist, nurse, chiropractor or non-medical doctor.

Concussion Facts

1

A concussion is a traumatic brain injury

2

All concussions are serious

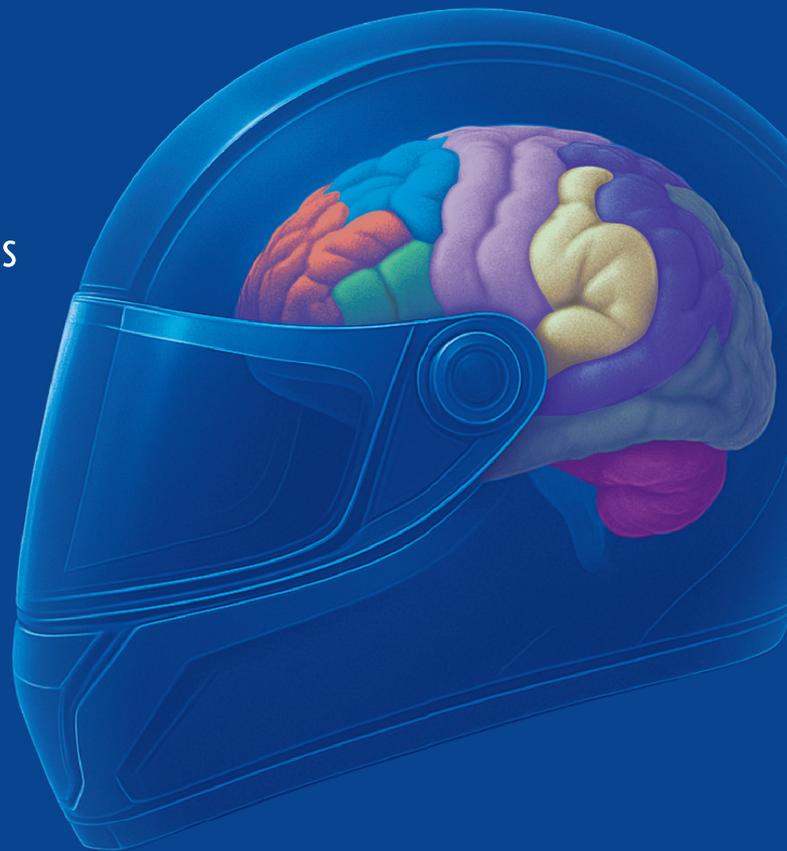
3

Concussions can occur without loss of consciousness

4

All riders with any new symptoms following a head injury:

- must be removed from riding or training
- must not return to riding or training until symptom free or until all concussion-related symptoms have cleared or have returned to pre-concussion level
- must complete a Graduated Return To Ride programme
- should be assessed by a medical practitioner



5

The mandatory minimum period of exclusion is 10 days from diagnosis, including the day of the incident

7

Head injuries can be fatal – do not return to ride if symptoms persist

6

Recognise and Remove from racing to help prevent further injury or even death

8

Most riders with concussion recover with physical and mental rest

These guidelines follow the “9 R’s” of Sport-Related Concussion management:

The “9 R’s”





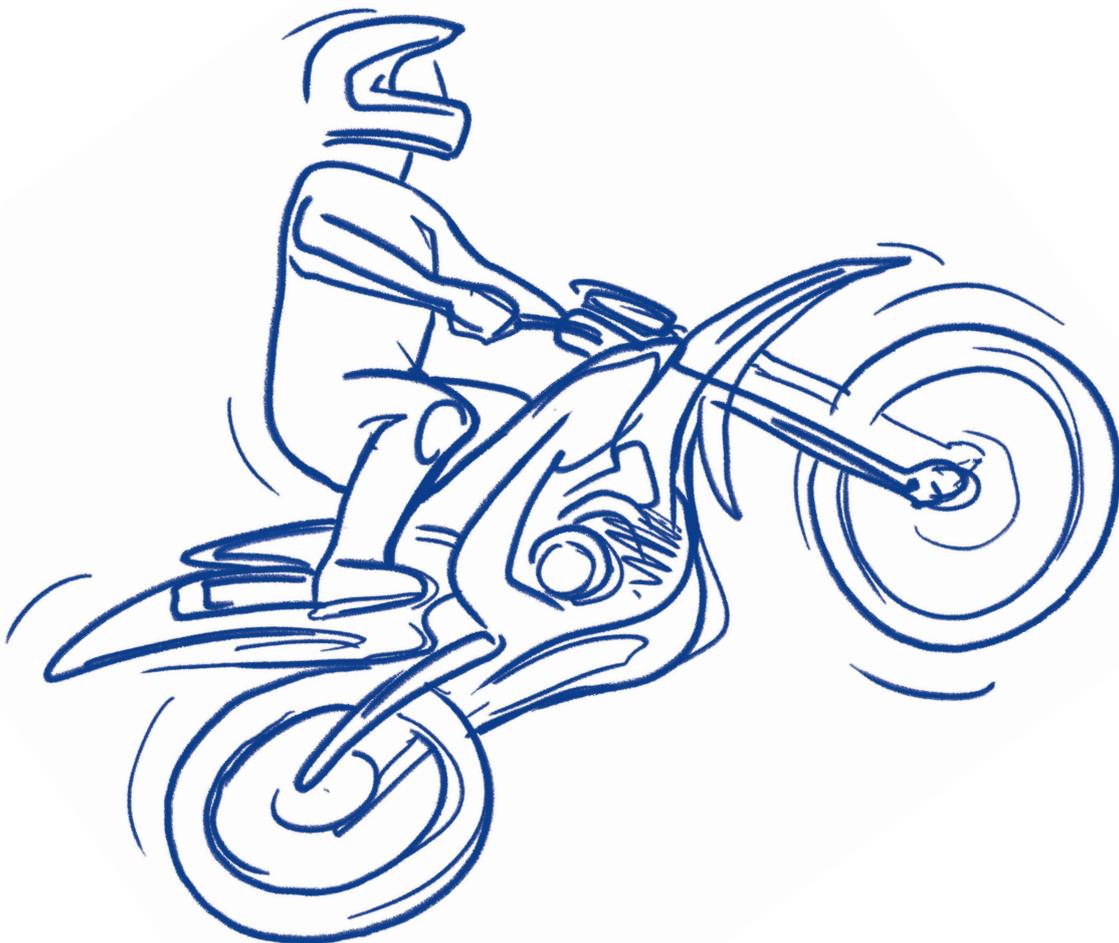
Reduce

Riders and teams should be aware of current FIM safety equipment regulations and FIM homologation requirements. Appropriately homologated and well-fitting safety apparel and equipment is important to reduce the risk of injury, especially helmets, airbag vests and approved protective clothing.

Optimal concussion management can reduce the risk of future concussion.

Education and awareness are key factors to support the reduction of concussion and its effects.

- ✓ FIM safety equipment regulations
- ✓ FIM homologation requirements





Recognise

Sport-related concussion is a Traumatic Brain Injury (TBI) caused by a direct blow to, or sudden deceleration or rotation of, the head, neck or body resulting in an impulsive force being transmitted to the brain that occurs in sports and exercise-related activities.

Symptoms and signs may present immediately, or evolve over minutes or hours after the incident, and are commonly resolved within days, but may be prolonged to weeks, months or even years.

Initial assessment of any person involved in an incident should first follow standard first-aid procedures. Additional trauma management procedures including Advanced Trauma Life Support and/or Prehospital Trauma Life Support may be required depending on the clinical situation.

Emphasis initially should be on assessing Danger at the scene, Responsiveness of the injured, assessment and management of Airway, Breathing and Circulation.

An unconscious/unresponsive person should not be moved unless for airway management and/or reasons of safety.

Assessment for a potential spinal and/or spinal cord injury is a critical part of the initial evaluation. Only do so if you are appropriately trained.

Do not remove a helmet or any other equipment unless trained to do so safely, or for reasons of immediate risk to the injured e.g. airway management.

It is the responsibility of the rider or their guardian to inform the Chief Medical Officer for the race of any concussion that occurs outside of a FIM activity or event which may cause safety concerns to the rider.



Remove

If in doubt, sit them out

Any rider suspected of having concussion should be removed from riding until they have been evaluated. This may include observations of:

- Mechanism of injury – Any incident that results in a significant impact to the head.
- Reported or witnessed features of concussion such as those described in the Concussion Recognition Tool (below).

Mandatory exclusion periods will be applied if any of the following symptoms or signs are reported or witnessed:

- Loss of consciousness.
- No protective action was taken by the rider in a fall to the ground, directly observed or on video.
- Impact seizure or tonic posturing (abnormal outstretched limbs).
- Confusion, disorientation.
- Memory impairment/amnesia.
- Balance disturbance or motor incoordination (e.g. ataxia – clumsy movement/walking).
- Rider reports significant, new, or progressive concussion symptoms dazed, blank/vacant stare or not their normal selves.
- Behaviour change atypical of the rider.

Further evaluation of possible signs or symptoms of concussion can be performed by anyone but preference by persons trained in medical care and/or concussion assessment.

Medical Team, Officials, Teams and Crew

- Use Concussion Recognition Tool 6 (CRT6) .

Healthcare Professionals

- If the person is 13 years old or older Use Sports Concussion Assessment Tool 6 (SCAT6).
- If the person is less than 13 years old Use Child Sports Commission Assessment Tool 6 (Child SCAT6).

For SCAT6/CRT6 – Suggested modifications to the Maddocks/Awareness questions for the motorcycle rider/official.

- **"Where are we today?"**
- **"What session were you riding in?"**
- **"What was the turn/stage/section that your incident occurred on?"**
- **"What circuit/event were you last at prior to this one?"**
- **"What was your result at the last event you attended?"**

Failure to answer any of these questions correctly may suggest a concussion.

Refer

Post Evaluation

- Any **"Red Flag"** symptoms and signs should have an ambulance called urgently if no doctor is immediately present.
- Refer for further evaluation "If in doubt, sit them out".
- Rider suspended from competition pending further evaluation and/or clearance.

RED FLAG'S



Neck pain or
tenderness on palpation



Seizure
or convulsion



Loss
of consciousness



Reduced Glasgow Coma
Scale (GCS) <15



Increasing confusion,
agitation or irritability



Visual disturbance
e.g. double vision, abnormal
eye movement



Hearing disturbance
e.g. tinnitus



Weakness or altered
sensation in limbs



Deteriorating level of
consciousness



Vomiting



Severe or increasing
headache



Visible
skull deformity



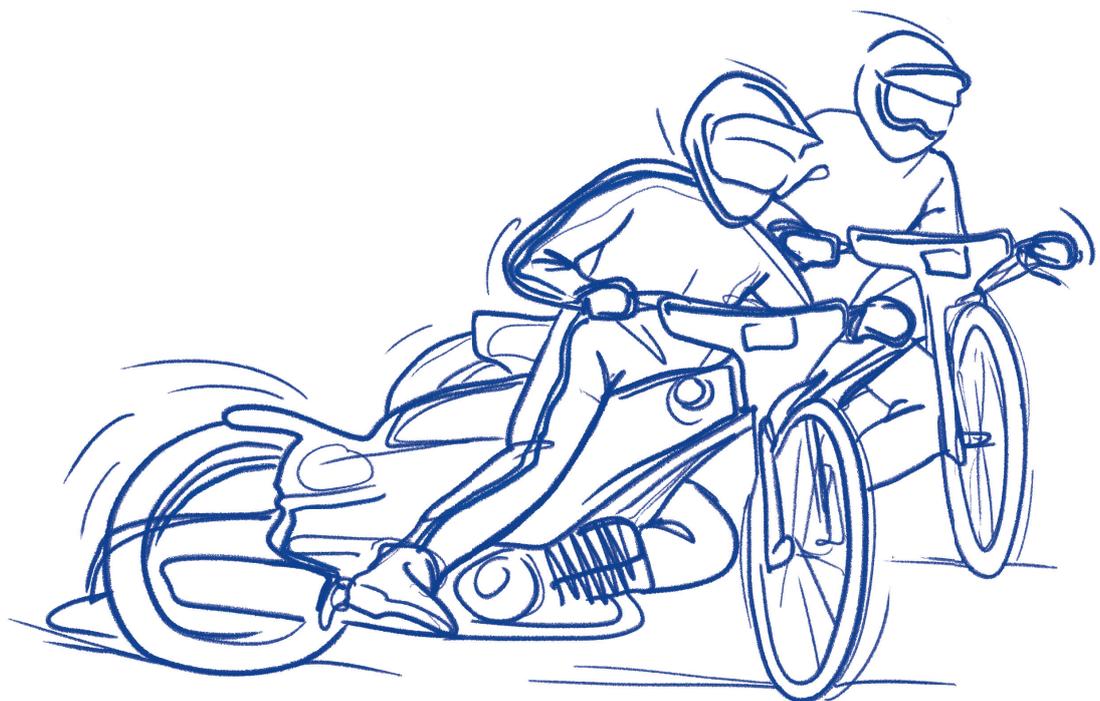
NOT suspected of concussion: cleared to return to competition

If there is any doubt in the case of suspected concussion, then the person should be removed from the riding until they are further evaluated by a health care provider.

Those with clear concussion symptoms should be referred to their own doctor and/or emergency department as well as a healthcare provider experienced in the assessment and management of concussion.

Any rider meeting the criteria for hospital referral or transport to hospital for a CT Scan and/or hospital admission must be immediately transferred to the appropriate receiving hospital by ambulance. (Refer to UK NICE head injury guidelines)

If in doubt, sit them out



NICE* Head injury Guidelines 2023

Refer riders who have sustained a head injury to a hospital emergency department if there are any of these risk factors:

GUIDELINES

- Any loss of consciousness because of the injury, from which the person has now recovered .
- Amnesia for events before or after the injury ('problems with memory'; it will not be possible to assess amnesia in children who are preverbal and is unlikely to be possible in children under 5).
- A persistent headache since the injury.
- Any vomiting episodes since the injury.
- Any previous brain surgery.
- Any history of bleeding or clotting disorders.
- Current anticoagulant or antiplatelet (except aspirin monotherapy) treatment.
- Any safeguarding concerns.
- Irritability or altered behaviour (easily distracted, not themselves, no concentration, no interest in things around them).
- A Glasgow Coma Scale (GCS) score of less than 15 on initial assessment.
- Any focal neurological deficit since the injury.
- Any suspicion of a complex skull fracture or penetrating head injury since the injury.
- Any seizure since the injury.
- A high-energy head injury.
- Continuing concern by the professional about the diagnosis.



Rest

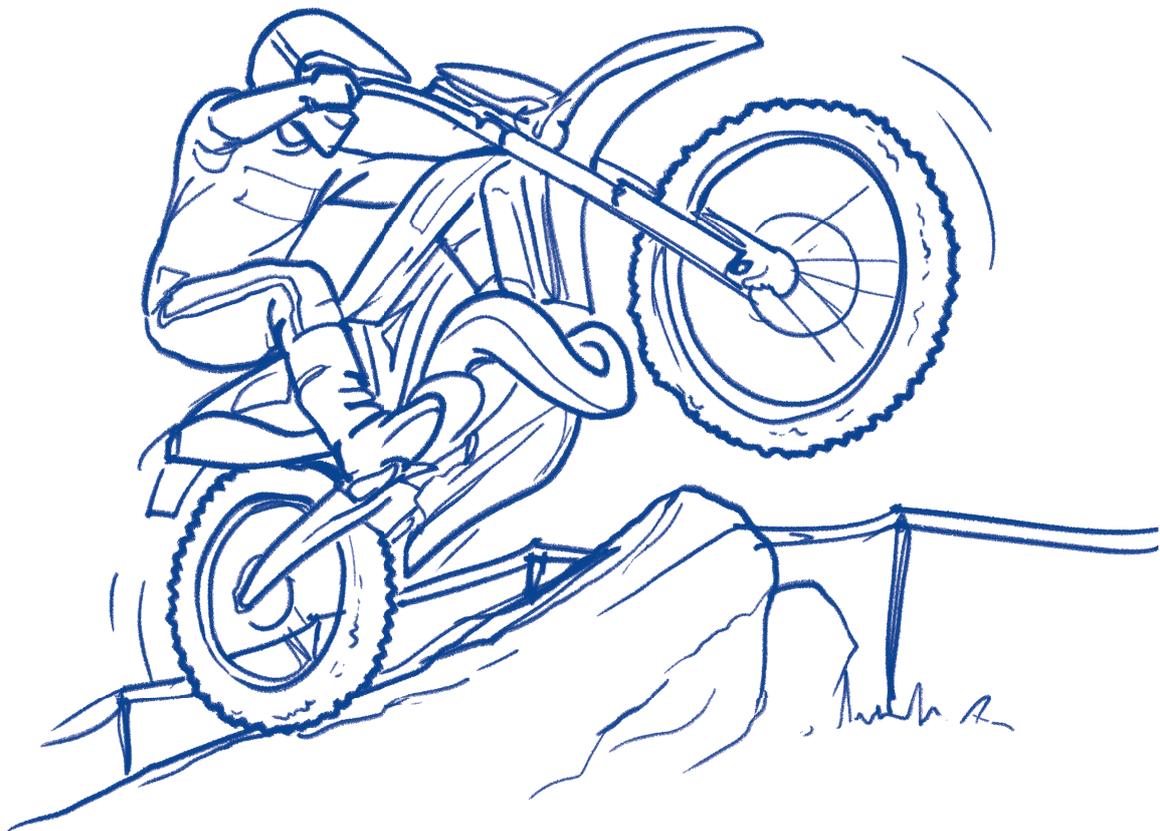
Relative rest and reduced screen time are encouraged for the first 48 hours. Strict rest, dark room and total screen restriction is no longer recommended.

Light physical activity is encouraged even if it mildly exacerbates symptoms. If moderate to severe symptoms occur, then activity should be reduced.

Individuals should systematically increase the levels of physical activity and exertion based on their symptoms and exacerbation of those symptoms.

Discussion and clear planning with their healthcare provider is strongly recommended.

Relative rest for the first 48 hours





Recover

Recovery and rehabilitation should be monitored and coordinated by interdisciplinary teams including medical practitioners and physiotherapists as well as concussion specialists as required.

Assessment of clinical recovery should incorporate three components:

- Resolution of symptoms.
- Resolution of symptoms under dynamic load including maximal exercise and cognitive load.
- Completion of a Return-To-Sport program.

SCAT6/Child SCAT6 and SCOAT6 are most useful for evaluation and re-evaluation in the first 72 hours, although their utility still exists for up to 5-7 days.

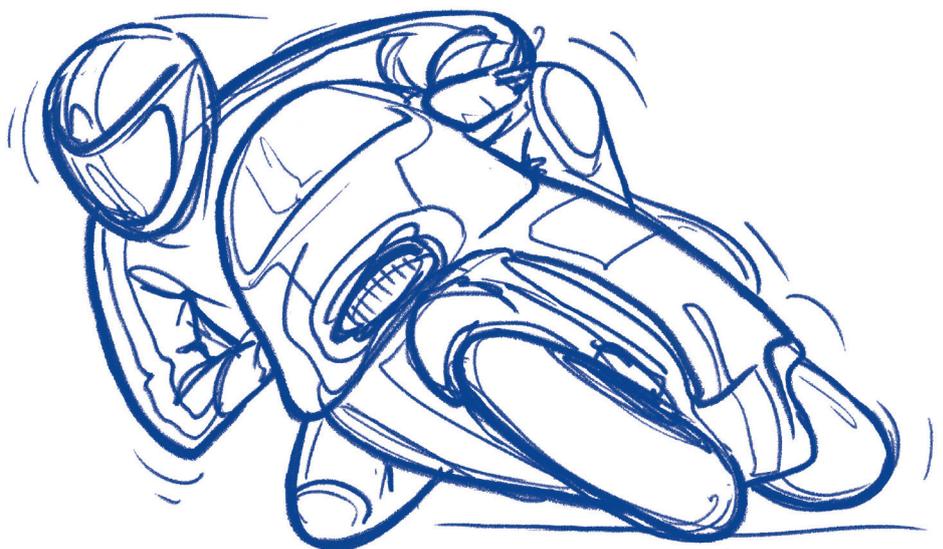
The severity of acute and sub-acute symptoms are predictors of slower recovery.

Re-evaluation by a specialist or healthcare provider after the initial 72 hours and/or diagnosis of concussion may include the use of office-based assessment tools and/or other assessment tools including imaging and functional assessments.

More expansive office-based assessment tools include:

- Sports Concussion Office Assessment Tool 6 (SCOAT6).
- Child Sports Concussion Office Assessment Tool 6 (Child SCOAT6).

Concussion is
a traumatic
brain injury





Rehabilitation

Symptoms lasting more than 10 days should be referred to a specialist for a detailed evaluation and specific rehabilitation program.

Active symptoms persisting for greater than four weeks in children and adolescents should be referred for multi-specialist input.

Symptoms that recur during a Return-to-Sport or Return-to-Learn Program may also benefit from specific rehabilitation programs.

Specific rehabilitation program





Return-to-sport

Gradual Return to Riding/Racing Program (GRTR)

No competitor diagnosed with concussion may return to racing without clearance by a medical practitioner **AFTER** completing a Return-to-Sport program.

From the perspective of brain development, an **adult is considered to be 18 years and over.**

- **The mandatory minimum period of exclusion is 10 days from diagnosis, including the day of the incident.**
- **Permitted to return to sport on the 11th day.**

From the perspective of brain development, a **child is considered to be 17 years and younger.**

- **The mandatory minimum period of exclusion is 20 days from diagnosis, including the day of the incident.**
- **Permitted to return to sport on the 21st day.**

Return-To-Learn (RTL) programs are not required for all individuals but may be of benefit to those who have difficulty with cognitive tasks post-concussion and those that have exacerbation of symptoms during screen time and when performing cognitive tasks.

Detailed Return-To-Sport (RTS) programs should be followed in a stepwise fashion with increasing levels of exertion, cognitive load and RTS and RTL should occur in parallel.

The Return-to-Sport Protocol should be supervised by a medical practitioner. If this is their second concussion within (6) six months or third concussion ever, then a specialist review by a specialist familiar with concussion management is required immediately. Those with three or more concussions require yearly review and clearance by the specialist.

Please see the appendices for RTS and RTL procedures.



Review

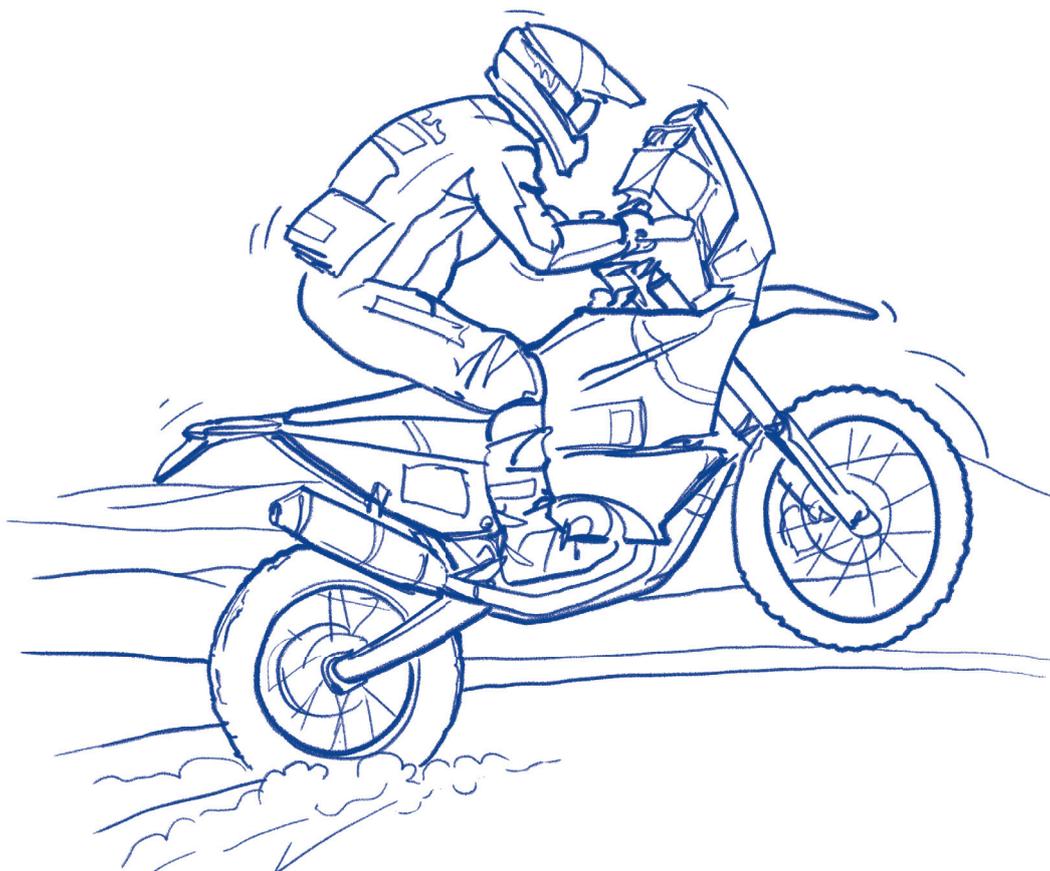
Effects of concussion and repeated concussion may have long term health implications. Specialist consultation is encouraged and is mandated in those with repeated concussions. An assessment of the balance of risks and rewards should be considered including possible long-term effects of concussion and repeated concussion.

A decision to retire from sport may need to be considered for those with multiple concussions, severe symptoms and/or risk assessment in consultation with a specialist.

Children and adolescent concussion should also take into account the possible impacts on learning and long-term implications in development. Repeated concussions in children and adolescents require specialist input and regular clearance to compete in sport, not restricted to motorcycle sport.

Ongoing residual effects from concussion may occur. Those suffering from long term symptoms or sequelae should actively engage a specialist in concussion management.

Assessment of the balance of risks and rewards



Non-Medical Trackside Assessment*

Rider with suspected concussion

On-track signs of Concussion:

- Loss of consciousness
- Lying motionless, slow to get up
- Seizure
- Confusion, disorientation
- Memory impairment
- Balance disturbance/motor incoordination
- Nausea or vomiting
- Headache or 'pressure in the head'
- Visual or hearing disturbance
- Dazed, blank/vacant stare
- Behaviour or emotional changes, not themselves

Things to look out for at the time of injury

Immediate and permanent removal from sport
Take normal first aid precautions including neck protection



Red Flags

- Neck pain
- Increasing confusion, agitation or irritability
- Seizure or convulsion
- Weakness or tingling/burning in the arms or legs
- Deteriorating conscious state
- Severe or increasing headache
- Unusual behavioural change
- Visual or hearing disturbance
- Repeated vomiting



YES

NO

**IMMEDIATE REFERRAL
TO EMERGENCY DEPARTMENT**

**REFER TO MEDICAL PRACTITIONER
AS SOON AS PRACTICAL**

*Adapted from Concussion Recognition Toll (CRT6)



Motorcycling specific return to sport framework

	Step	Exercise Strategy	Activity at each step	Goal		
	0		Rest for 24-48 hours after the incident.	Observation.		
	1	Symptom limited activity	If the rider's symptoms have recovered COMPLETELY at rest, commence activities of daily living (such as reading, walking, watching TV, etc.) and returned to full work and/or school, without restrictions or the need for medication.	Gradual return to typical activities.		
	2	Aerobic Exercise (up to 70% Max HR)	The rider to complete stationary cycling, walking at slow to medium pace and start light resistance training. The rider is to remain free of concussion related symptoms during the completion of a light/moderate aerobic exercise session.	Increased heart rate. See if physical activity highlights any concussion symptoms.		
REST DAY						
	3	Individual Sport Specific Exercise	The rider to complete sport-specific training away from the track environment (e.g. running, change of direction, cycling, and/or individual training drills) including computer gaming/race simulators/ low impact recreational karting. No activities at risk of head impact.	Add movement and change in directions. Observe if increased physical activity and G-force simulation highlights any concussion symptoms. Observe if simulated cognitive activity highlights any concussion symptoms.		
REST DAY						
	4	Non-Impact Training Drills	The rider to complete high-intensity exercise including more challenging aerobic training drills. Continued computer gaming/race simulators/ low impact recreational karting to be completed after high aerobic exercise.	Increased intensity of training. Observe if increased physical activity and G-force simulation highlights any concussion symptoms. Observe if simulated cognitive activity highlights any concussion symptoms.		
REST DAY						
	5	Mandatory Exclusion Period Note, the Mandatory Exclusion Period must be adhered to, regardless if the certificate is provided prior to the exclusion period's end.	<table border="0"> <tr> <td>Adult From the perspective of brain development an Adults is considered to be 18 years and over. The minimum period of exclusion for an Adult is 10 days from diagnosis, including the day of the incident. Permitted to return to sport on the 11th day.</td> <td>Child From the perspective of brain development, a Child is considered to be 17 years and younger. The minimum period of exclusion is 20 days from diagnosis, including the day of the incident. Permitted to return to sport on the 21st day.</td> </tr> </table>	Adult From the perspective of brain development an Adults is considered to be 18 years and over. The minimum period of exclusion for an Adult is 10 days from diagnosis, including the day of the incident. Permitted to return to sport on the 11th day.	Child From the perspective of brain development, a Child is considered to be 17 years and younger. The minimum period of exclusion is 20 days from diagnosis, including the day of the incident. Permitted to return to sport on the 21st day.	If the rider feels confident to return to the sport. The rider must obtain a Medical Concussion Clearance from a medical practitioner and then present that to the Relevant SCB.
Adult From the perspective of brain development an Adults is considered to be 18 years and over. The minimum period of exclusion for an Adult is 10 days from diagnosis, including the day of the incident. Permitted to return to sport on the 11th day.	Child From the perspective of brain development, a Child is considered to be 17 years and younger. The minimum period of exclusion is 20 days from diagnosis, including the day of the incident. Permitted to return to sport on the 21st day.					
<p>Once the following process has been adhered to:</p> <ul style="list-style-type: none"> Return to Sport Framework completed. The minimum timelines met. The specific Medical Concussion Clearance completed by a medical practitioner. 						
	6	Full Practice	Participate in normal training, High speed motorcycling, private practice, event practice sessions (with clinical review post session).	Restore confidence and assess functional skills by coaching staff.		
	7	Return To Competition	Normal event inclusion, Practice, qualifying and racing/competition.			

Table developed with reference to the Motorcycling Australia Concussion Guideline 2024

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Head injury: assessment and early management NICE Guideline Reference
number:NG232. Published: 18 May 2023 [https://www.nice.org.uk/guidance/
ng232](https://www.nice.org.uk/guidance/ng232) including imaging algorithm pdf 13061125549
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- **Diagnostic tools for return-to-play decisions in sports-related concussion**
Dennis Wellm and Karen Zentgraf Journal of Concussion Volume 7: 1-18 2023





FIM Alcohol Testing Procedure

Riders participating in any FIM World Championships, FIM Prizes, World Records and International Championships will be subject to alcohol breath and/or blood testing at any time in-competition* in accordance with the following procedure:

*In-competition: for the purpose of the alcohol testing procedure, the in-competition period is defined as the period commencing 12 hours before the rider rides his bike for the first time during the event**, ending thirty (30) minutes after the end of the last race*** in his/her class and category. This is the minimum period of time that riders should abstain from consuming alcohol prior to competition for safety reasons.

**Event: an event is defined as a single sporting event (composed, depending on the discipline, of free practice sessions, qualifying practice sessions and race(s), rounds, legs, heats or stages).

*** or round, leg, heat or stage.

1. Such testing will be undertaken by an FIM Official or any person appointed by the FIM for this purpose at the event using an FIM approved testing device. At certain events, for example, those involving the use of public roads, the police may undertake such testing.
2. Testing will be undertaken at the event by an FIM Official or any person appointed by the FIM for this purpose who is trained in the use of the alcohol testing device.
3. Testing will be performed with no prior notice.
4. Riders will be selected by any person appointed by the FIM for this purpose, either randomly by lot or at the discretion of the FIM Chief Steward, FIM Jury President, FIM Delegate or the FIM Medical Representative.
5. At least three riders will be tested at each event.
6. At any time in-competition* alcohol testing may be included as part of a special medical examination conducted at the request of the CMO, Race Director, Clerk of the Course, Medical Director, Jury President, Chief Steward or the FIM Medical Representative in accordance with the FIM Medical Code.
7. Following notification of selection for alcohol testing, the rider must immediately attend the designated location for testing.
8. A refusal to undergo alcohol testing will be regarded for the purpose of the application of sanctions as identical to a test reading above the permitted threshold.
9. Any rider who refuses to submit himself to alcohol testing will be automatically and immediately excluded from further participation in, and disqualified from the event by the disciplinary body responsible for applying disciplinary sanctions at the event.



Such decision is final and may not be appealed against. Such automatic and immediate decision may not under any circumstances give rise to any claim from the rider or any other affected party. The details of the case will be notified immediately to the CAI Secretariat General (secretariat.cai@fim.ch) by the disciplinary body responsible for applying disciplinary sanctions at the event.

The rider will also be automatically provisionally barred by the FIM (Provisional Suspension) from participating in any competition sanctioned by the FIM, its CONUs and its FMNs until further notice and without any further notification. Such automatic Provisional Suspension may not under any circumstances give rise to any claim from the rider or any other affected party.

10. Alcohol testing will in principle take place in a location that maintains rider confidentiality, is secure with restricted access, and is in a suitable location with adequate facilities such as light and ventilation.
11. Each rider will be tested individually and in private.
12. The alcohol testing device will be determined and provided by the FIM.
13. The device will be calibrated in accordance with the manufacturer's instructions.
14. The alcohol test procedure will take place where possible in the presence of a witness.
15. The testing procedure and use of the device will be explained to the rider.
16. The rider will be allowed to select an individual mouthpiece from a selection of individually sealed single use mouthpieces and attach it to the device.
17. The rider will blow steadily into the mouthpiece until the device indicates that an adequate sample of breath has been obtained.
18. The test result displayed on the device will be shown to the rider and recorded on the test record documentation.
19. The exact time of each test will also be recorded on the documentation.
20. The documentation will then be signed by the rider, officials and any person appointed by the FIM for this purpose, present at the test. Any refusal by a rider to sign the documentation will be duly noted and recorded on the documentation but will not invalidate the result of the test.
21. The results and associated documentation will be forwarded to the FIM Administration.
22. If the test reading is greater than the permitted threshold of 0.10g/L, a confirmatory test will be performed following a waiting period of at least fifteen minutes starting after the first result of the first test has been recorded. If the first test reading is below or equal to 0.00g/L, no further test will be conducted.
23. As part of this confirmatory test the rider will again be asked to select a further mouthpiece from a selection of sealed mouthpieces. (The purpose of conducting a confirmatory test after a period of fifteen minutes in the event of a positive test is to ensure that any residual alcohol in the rider's mouth from food, mouth wash etc. is no longer present in order to limit false positive results).
24. If the result of the confirmatory test is above the permitted threshold the rider will be automatically and immediately excluded from further participation in, and disqualified from the event by the disciplinary body responsible for applying disciplinary sanctions at the event.



Such decision is final and may not be appealed against. Such automatic and immediate decision may not under any circumstances give rise to any claim from the rider or any other affected party. The details of the case will be notified immediately to the CAI Secretariat General (secretariat.cai@fim.ch) by the disciplinary body responsible for applying disciplinary sanctions at the event.

The rider will also be automatically provisionally barred by the FIM (Provisional Suspension) from participating in any competition sanctioned by the FIM, its CONUs and its FMNs until further notice and without any further notification. Such automatic Provisional Suspension may not under any circumstances give rise to any claim from the rider or any other affected party.

25. Following notification of the case to the CAI Secretariat General (secretariat.cai@fim.ch), first-instance proceedings will be opened ex officio before the International Court of Appeal (CAI) for consideration of the handing down of a suspension which shall range from a minimum of 9 (nine) months to a maximum of 18 (eighteen). The duration of the suspension shall be decided on the riders' degree of fault and on any aggravating (e.g. recidivism) and/or mitigating factors. Riders and other persons shall receive credit for a Provisional Suspension against any period of Ineligibility which is ultimately imposed. In addition, further sanction(s) in accordance with the FIM Disciplinary Code and/or the relevant Sporting Regulations may be imposed on the rider. If the rider establishes that he bears no fault (i.e. no negligent or intentional failure), no suspension or other sanctions may be imposed on him.
26. If the result of the confirmatory test is below the permitted threshold, no further action will be taken.
27. A rider provisionally suspended as per Article 9 or Article 24 above may petition the CAI to have his provisional suspension lifted. The request, submitted in writing and with reasons, must be received within 15 days of the date of the beginning of the provisional suspension of the rider.

The proceedings before the CAI on a request for lifting of the provisional suspension will be conducted exclusively on the basis of written submissions. Any oral or ungrounded request will be found inadmissible. The CAI shall consider only whether the Provisional Suspension shall be maintained until the full consideration of the case on the merits by the CAI in the framework of a final hearing.

The Provisional Suspension shall not be lifted unless the rider establishes that: (a) the assertion of an alcohol rule violation has no reasonable prospect of being upheld (e.g., because of a patent flaw in the case against the rider); or (b) the rider has a strong arguable case that he/she bears no fault (i.e. no negligent or intentional failure) for the alcohol rule violation(s) asserted, so that any period of suspension that might otherwise be imposed for such a violation is likely to be completely eliminated by application of Article 25 above; or (c) some other facts exist that make it clearly unfair, in all of the circumstances, to maintain a Provisional Suspension prior to a final hearing before the CAI.

NB: This last ground is to be construed narrowly, and applied only in very exceptional circumstances. For example, the fact that the Provisional Suspension would prevent the rider participating in a particular event shall not qualify as exceptional circumstances.



Neither a Provisional Suspension imposed by the FIM nor any decision taken by the CAI in connection with a Provisional Decision will prejudge the question as to whether an alcohol rule violation has actually been committed (the existence of an alcohol rule violation and of a disciplinary responsibility of the rider is to be addressed by the CAI when the latter adjudicates on the merits of the case in the framework of a final hearing; nor will any such Provisional Suspension or decision give rise under any circumstances to any claim (from the rider or any other affected party), should such violation not be upheld at a later stage in the procedure.



**HIGHLY CONFIDENTIAL
BREATH ALCOHOL TEST FORM**

Rider's name, first name:		Rider number:
Title of the event:	Country:	Date:
Venue:	FMNR:	IMN N°:
FIM Jury Pres. or Race Direction member or FIM Official or any person appointed by the FIM for this purpose: (name, first name):		Position:
Witness 1: (if applicable)		Position:
Witness 2: (if applicable)		Position:
Other person present:		Position:
Other person 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	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Result:	g/L	Time:
Test 2:	Positive	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Result:	g/L	Time:

Data Privacy

The FIM Jury President, members of the Race Direction/International Jury, appointed FIM Officials and any person appointed by the FIM for this purpose 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.

To be able to compete, any rider going through breath alcohol tests and therefore submitting this information including personal data and personal sensitive data 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, appointed FIM Officials and any person appointed by the FIM for this purpose.

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 or any person appointed by the FIM for this purpose (name, first name):

Signature:

Witness 1: (if applicable)

Signature:

Witness 2: (if applicable)

Signature:

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 ***



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.