5. MEDICAL CODE

5. MEDICAL CODE

The Medical Code contains guidelines, standards and requirements for the following: medical fitness in order to obtain a rider's licence (5.1 - 5.2.4), medical services at events (5.3 – 5.3.14), procedure in the event of an injured rider – (5.3.15), insurance (5.4), professional confidence (5.5), statistics (5.6) and documentation [Appendices A, B, C, D, E, F, G, L, O, R, S, T, V]. Appendix U will be published at a later stage.

The GP Medical Code is contained within the FIM World Championship Grand Prix Regulations and reflects the relevant sections within the FIM Medical Code. The requirements of the Medical Code must be met at all FIM World Championship Grand Prix (FIM WC GP) events.

In circumstances not covered explicitly by the FIM Medical Code, if such a situation occurs during an event, a binding decision will be made by mutual agreement between the CMO, Medical Director and FIM Medical Officer.

Any modifications to the Medical Code whatsoever are only possible with the consent of the FIM and its contractual partners.

Any amendments to this Grand Prix Medical Code must be approved by the GP Commission.

The FIM Grand Prix World Championship: Moto3, Moto2 and MotoGP will be herein collectively referred to as "GP".

5.1 INTRODUCTION

MEDICAL CERTIFICATE AND EXAMINATION

Every rider taking part in motorcycle competition events must be medically fit. For this reason a satisfactory medical history and examination are essential. The medical history and medical examination forms are contained in Appendices A and 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.

5.1.1 GUIDELINES FOR THE EXAMINING DOCTOR

(To be issued with the medical history [Appendix A], and medical examination [Appendix B] Forms).

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.

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 may be referred for the opinion of the medical commission of his FMN.

EYESIGHT

The minimum corrected visual acuity must be 6/6 [10/10] with both eyes open together. The minimum binocular field should measure 160 degrees (120 degrees for monocular vision with 60 degrees each side), 30 degrees vertical.
Spectacles, if required, should be fitted with shatterproof lenses and contact lenses, if worn, should be of the "soft" variety.
A person who suddenly loses sight in one eye will not be allowed to hold a licence until a minimum of three years have elapsed with vision (corrected if necessary) not less than 6/6 [10/10] in the one eye. Satisfactory judgement of distance and wearing double protection when competing would be required for all riders with vision in only one eye.
Double vision is not compatible with the issuing of a competition licence.
The applicant 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.

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 5.2.4 of the FIM GP Medical Code.

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.

CARDIO-VASCULAR SYSTEM

In general, a history of myocardial infarction or serious cardio-vascular disease would normally exclude a rider from speed events. 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.

NEUROLOGICAL AND PSYCHIATRIC DISORDERS

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

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.

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.

ALCOHOL

Applicants with an alcohol addiction will not be accepted.

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.
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.

Such violation(s) of the Medical Code will be sanctioned as follows:
The riders will be immediately excluded and disqualified from the relevant event. Further sanctions will be applied in accordance with the FIM Disciplinary & Arbitration Code and/or the relevant Sporting Regulations.

***The in-competition period is defined as the period commencing twelve hours before the rider has passed the technical and/or administrative scrutineering whichever is the earlier, before an event** in which the rider is scheduled to participate until the publication of the results of such event. For the avoidance of doubt the possession, use and consumption of alcohol during the awarding ceremony is not considered a violation under the FIM Medical Code.**

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.

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.**

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.

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. 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.

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 5.2.3 and appendix L

CONCUSSION

Assessment of the injured rider and return to competition should be in accordance with the guidelines for the assessment and management of concussion as contained within the International Consensus Statement on Concussion in Sport Zurich 2012.

See also Art. 5.2.3 and appendix L.

In the event of a suspected concussion the rider should be assessed using a recognised assessment tool such as SCAT3 or similar (see appendix S). If the assessment confirms a concussion the rider should immediately be excluded from competition for at least the rest of the event. Prior to returning to competition the rider should be assessed for and provide documentary evidence of a return to normal neuro-psychological function using for example the IMPACT system, functional MRI scan or similar.

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.

COST OF MEDICAL EXAMINATION

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

5.1.2 AGE OF RIDERS

Refer to Art. 1.10

5.2 SPECIAL MEDICAL EXAMINATION

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

5.2.1 REFUSAL TO UNDERGO SPECIAL MEDICAL EXAMINATION

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

5.2.2 LIST OF MEDICALLY UNFIT RIDERS

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 shall be supplied by the Medical Director **and/or FIM Medical Officer,** who **will** attend this examination. **It is the rider's responsibility to inform the Medical Director, FIM Medical Officer and CMO of any injury or illness sustained between events for inclusion in the list.**

5.2.3 MEDICAL FITNESS TO RACE

A rider must be sufficiently medically fit to control his machine 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.
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.

In the event of a suspected concussion the rider should be assessed and managed in accordance with the guidelines for the assessment and management of concussion as contained within the International Consensus Statement on Concussion in Sport Zurich 2012. The rider should be assessed using a recognised assessment tool such as SCAT3 or similar. If the assessment confirms a concussion the rider should immediately be excluded from competition for at least the rest of the event.

Prior to returning to competition the rider should be assessed for and provide documentary evidence of a return to normal neuro-psychological function using for example the IMPACT system, a functional MRI or similar.

The decision regarding medical fitness to compete is normally at the discretion of the CMO. The CMO should be provided with and consider a report from the practitioner treating the rider including details of X-rays, scans, other investigations and any interventions 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 and/or FIM Medical Officer.

5.2.4 RIDERS WITH SPECIAL MEDICAL REQUIREMENTS

Riders with certain medical conditions and who may require special treatment in the event of injury, or 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 and **FIM Medical Officer, before the event regarding their condition and that they may require such special treatment.**

5.3 MEDICAL SERVICES AT EVENTS

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 or promoter of the event.**

Medical services must guarantee assistance to all riders as well as any other authorised persons injured or taken ill at the circuit during event.

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 other doctor but not directly by the CMO.**

The CMO, the Medical Director and FIM Medical Officer, the Clinica Mobile and 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 Race Director.

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 before stopping any service provision at the medical centre.

Appropriate medical services are defined as follows:

- **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.**
- **The Medical Centre must be fully staffed in accordance with the medical homologation from 08:00hrs on the day before the official track activity (first practice session) commences until 20:00hrs or at least three hours after the end of the last race or track activity.**
- **At all other times when there is no official track activity as above from 08.00 hrs on the Monday before the event until 20.00 hrs on the day after the event there must always be a doctor and a nurse/paramedic with an ambulance available at the medical centre.**

At events where no one sleeps in the paddock overnight it may be permissible following consultation with the FIM Medical Officer to not have any medical staff available from 20:00hrs to 08:00hrs

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. (Appendix U to be published at a later stage)

5.3.1 TERMS OF REFERENCE OF THE CHIEF MEDICAL OFFICER (CMO)

The CMO:

- Is **a** holder of the corresponding FIM official's licence.
- Is appointed by the FMNR/Organiser.
- Should be the same throughout the event.
- Must be able to communicate in at least one of the FIM official languages, either English or French.
- Should be familiar with the FIM Medical Code and FIM Anti- Doping Code.
- Must be named in the event information.
- Must be a fully registered medical practitioner authorised to practice in the relevant country or state in which the event is taking place.
- Must have malpractice insurance appropriate to the relevant country or state, where the event is being held.
- **Must be familiar with the circuit and the organisation of the medical services at which he/she is appointed.**
- 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.

- Is responsible for the positioning of medical and paramedical personnel and vehicles under his control.
- Must complete the FIM CIRCUIT CMO QUESTIONNAIRE (appendix F) and return it to the FIM, **Medical Director and FIM Medical Officer** 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 **medical** plan **and maps** of the medical service including the position and number of all of the medical resources **including all personnel and vehicles.**
  - A plan of the circuit medical centre
  - A map showing the location, distances and routes to the designated hospitals.
  - 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 (see appendix T). This should be presented at the latest on the day before the event following the initial track safety inspection.
- **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.**
- 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:**
  - Trauma resuscitation
  - Neurosurgery
  - General surgery
  - Vascular surgery
  - Trauma and Orthopaedic surgery
  - Cardio-Thoracic surgery
  - Intensive Care
  - Burns and plastic surgery

Must send copies **electronically** to the FIM, Medical Director and **FIM Medical Officer** 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.

- Any change to the above mentioned information must be immediately forwarded to the Medical Director, **FIM Medical Officer** and to the FIM.
- Should attend the meetings of the Event Management Committee meetings.

- **Must attend the safety/track inspection together with the Clerk of the Course and the Race Direction one day prior to the first practice session.**
- **Will collaborate with the Medical Director and/or FIM Medical Officer to organize a simulation of a medical intervention on track on the day prior to the first practice session.**
- Must brief the medical personnel prior to the start of the first practice session of the event, as well as debrief the staff after the event.
  - This briefing should include practical scenario-based examples of incident responses.
  - **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 and **FIM Medical Officer**.
- Must with the Medical Director and **FIM Medical Officer** inspect all medical services not less than 30 minutes before the start of practice and racing each day of the event to ensure that all services and staff are in their correct place and ready to function, including the medical centre.
- When motorcycles are on the track the CMO;
  - must be stationed in Race Control.
  - must be in close proximity to and liaise directly with the **FIM Medical Officer**, Clerk of the Course and Race Director.
  - 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 inspection.**
  - provide immediate updates from trackside medical personnel to the Medical Director, **FIM Medical Officer** and Race Direction regarding the condition of any injured rider in order to facilitate the most appropriate medical response to their condition.
  - participate with the FIM Medical Officer and Race Direction in the immediate deployment of appropriate medical resources to injured riders.
- **Must** recommend to the Race Director/Clerk of the Course that a practice session or a race be stopped if:
  - There is danger to life or of further injury to a rider or officials attending an injured rider if other riders continue to circulate.
  - There is a risk of physiological harm to riders or of inability by riders to control their machines, due to extreme weather conditions.
  - The Medical personnel are unable to reach or treat a rider for any reason.
- **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.**
- Must inform and update the Medical Director and FIM Medical Officer and the Race Director regarding the condition of injured riders and liaise with the

relevant hospitals to ascertain and report the progress of their condition and treatment.

- Will prepare a list of injured riders (Medically Unfit List) to be given to the Medical Director, FIM SBK Medical Director and **FIM Medical Officer**.
- 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.
- **Will meet with the Medical Director and/or the FIM Medical Officer every morning after the medical inspection, 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.

- Must ensure an interpreter in English is available in the hospital permanently when an injured rider is there.
- Must send **electronically** the completed forms Appendices D and E to the FIM by the day following the event. (The forms are available as Excel files from the FIM Executive Secretariat).
- **Must liaise with the Medical Director and/or FIM Medical Officer 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**.

5.3.2 MEDICAL DIRECTOR

The **Medical Director** will be appointed by the Contractual Partner.

The duties of the Medical Director shall be:

- **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 GP Medical Director.**
- To ensure that all aspects of the medical service including the local medical service, the Clinica Mobile **and the FIM Medical Intervention Team** are to the required standards.
- 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.
- To inspect the circuit with the CMO 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 medical facilities are in accordance with **the agreed medical plan and the Medical** Code, and to report any shortcomings to the Race Director, FIM Safety Officer, **FIM Medical Officer** and CMO.

- 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.
- To ensure in collaboration with the **FIM Medical Officer and** CMO that all necessary steps are taken to address any deficiencies in the medical plan or performance of the medical responses.
- To inform the Race Director in consultation with **the FIM Medical Officer and** CMO of any situations where it may be necessary to stop the event in order to deploy the medical intervention vehicles.
- To in conjunction with the **FIM Medical Officer** and CMO ensure that the intervention in the event of an injured rider is adequate, timely and appropriate.
- To participate as necessary with the CMO and the **FIM Medical Officer** 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.
- To assist the **FIM Medical Officer** in ensuring the requirements of the FIM Medical code are met.
- **To meet with the CMO and the FIM Medical Officer every morning after the medical inspection, 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.**
- **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.**
- **Must liaise with the FIM Medical Officer 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.**

5.3.3 FIM MEDICAL OFFICER

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

The duties of the **FIM Medical Officer** will be:

- **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.**
- To represent and be responsible to the FIM and the FIM International Medical Commission.

- To undertake as required medical inspections for the FIM Medical Homologation of the circuit and to make relevant recommendations accordingly.
- 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.
- 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.
- To ensure the medical service provision is in accordance with the requirements of the FIM Medical Code.
- **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.**
- **To liaise with the CMO and the Clinica Mobile during medical interventions and when medical care is being provided to riders.**
- **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.**
- **To be in direct communication with the members of the FIM Medical Intervention Team, as well as the drivers of these vehicles.**
- **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.**
- To observe and advise the application of the FIM Medical Code and make recommendations accordingly.
- 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.
- To participate with the Medical Director and CMO in the daily inspections 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**.
- 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.
- 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.
- 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.
- To assist the Medical Director and CMO in ensuring the medical service provision is to the required operational standard.

- 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.
- To attend Event Management Committee meetings.
- **Will meet with the CMO and Medical Director every morning after the medical inspection, 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.**
- 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.
- **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.**
- **To receive from the CMO the List of Medically Unfit riders and forward it to the CMO of the next event.**
- **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.**

5.3.4 OTHER DOCTORS

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 G).**

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 him.

5.3.5 FIM MEDICAL INTERVENTION TEAM

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.

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 throughout the event.

5.3.5.1 FIM MEDICAL INTERVENTION TEAM PERSONNEL

Each FIM Medical Intervention vehicle will have:

- **A doctor with a FIM Medical Intervention Team Doctor License, which will only be granted to doctors who:**
  - **are fully qualified, registered and licensed medical practitioners**
  - **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.**
  - **have a minimum of 5 years relevant specialist experience and training**
  - **have appropriate medical malpractice insurance for the country in which the event is taking place.**
  - **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 can provide evidence of ongoing professional development and training in the management of patients with polytrauma.**
  - **can communicate in English.**
  - **have successfully attended and completed the annual FIM Medical Intervention Team License Seminar.**
- **A nurse or paramedic with a FIM Intervention Team License, which will only be granted to nurses or paramedics who:**
  - **are fully professionally qualified and registered**
  - **have a specialist qualification in a relevant specialty such as anaesthetics (anaesthesiology), intensive care medicine, emergency medicine, pre-hospital emergency care, trauma medicine etc.**
  - **have a minimum of 5 years experience in a relevant speciality**
  - **have appropriate medical malpractice insurance for the country in which the event is taking place**
  - **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**
  - **can provide evidence of ongoing professional development and training in the management of patients with polytrauma.**
  - **can communicate in English**
  - **have successfully attended and completed the annual FIM Medical Intervention Team License Seminar**

5.3.5.2 DEPLOYMENT OF FIM MEDICAL INTERVENTION VEHICLES

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 or Clerk of the Course.

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.
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.

5.3.6 CLINICA MOBILE

For many years the CLINICA MOBILE **and** its personnel has attended FIM Road Racing World Championships Grand Prix events and has gained a considerable reputation among riders and support staff.

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

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

A rider who prefers treatment by the CLINICA MOBILE staff 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 G). 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, where feasible, accompany an injured rider to hospital.

5.3.7 QUALIFICATION OF MEDICAL PERSONNEL

5.3.7.1 QUALIFICATION OF DOCTORS

Any doctor participating at a **motorcycle** event:

- must be a fully registered medical practitioner.
- must be authorised to practice in the relevant country or state.
- must be qualified in and able to carry out emergency treatment and resuscitation.

5.3.7.2 QUALIFICATION OF PARAMEDICS OR EQUIVALENT

Any paramedic or equivalent participating at a **motorcycle** event:

- must be fully qualified and registered as required by the relevant country or state.
- must be experienced in emergency care.

5.3.7.3 IDENTIFICATION OF MEDICAL PERSONNEL

All medical personnel must be clearly identified.

All doctors and paramedics must wear a garment clearly marked with "DOCTOR" or "DOCTEUR" and "MEDICAL" respectively, preferably in red on a white background on the back and on the front.

5.3.8 VEHICLES

5.3.8.1 DEFINITION OF VEHICLES

Vehicles are defined as follow:

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.

5.3.9 MINIMUM MEDICAL REQUIREMENTS FOR EVENTS

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.

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.

The minimum medical requirements will be subject to confirmation and agreement following inspection and review by the Medical Director **and FIM Medical Officer**.

A doctor or doctors must be available to provide initial medical intervention directly or following initial assessment and treatment by the paramedic teams.

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.

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.

- 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 **with the minimum of delay** from their deployment by Race Control.
- 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 vehicle 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.**
- 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.
- 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.
- 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.
- Pit lane ground post
- A medical centre
- A helicopter

N.B. the only **amendment permitted to this in principle is that** a vehicle Type C may **be** replace**d by** a vehicle Type **B.**

5.3.10 MEDICAL EQUIPMENT

5.3.10.1. EQUIPMENT FOR FIM MEDICAL INTERVENTION VEHICLE (TYPE A)

Personnel:

Type A1:
- a driver, experienced in driving the Type A vehicle and familiar with the course
- a doctor experienced in emergency care.
- a second doctor or paramedic **(or equivalent)**, experienced in emergency care.

Type A2:
- a driver, experienced in driving the Type A vehicle and familiar with the course
- paramedics (or equivalent) experienced in emergency care.

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:

- **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.

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

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.**

5.3.10.2 FIM MEDICAL INTERVENTION TEAM VEHICLES

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

Personnel:

- **a driver experienced in driving the vehicle will be provided by the promoter**
- **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 5.3.5 above**
- **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 5.3.5 above**

Medical equipment:

- Portable oxygen supply
- Basic and Advanced Airway Management including intubation and surgical airway interventions
- Suction equipment
- Manual ventilator such as BVM and associated equipment
- Equipment for chest decompression
- Equipment for vascular access, infusion, circulatory support and haemorrhage control
- Cardiac Monitor and Defibrillator
- Blood pressure monitoring equipment
- Equipment to immobilise limbs and spine (including cervical spine)
- Sterile dressings
- Drugs for resuscitation, intubation and anaesthesia sedation and analgesia /IV fluids
- Equipment to remove race suits and helmets

The provision of necessary medications **and equipment** will be the responsibility of the local medical service.
Only material necessary for the provision of medical care is permitted in FIM Medical Intervention Team vehicles. Other materials such as food etc. are not permitted at any time.

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

The equipment must be presented for review and familiarisation **during the** afternoon following the track safety inspection.

(See appendix S for detailed list of medical equipment)

Technical equipment:

- Radio communication with Race Control, the CMO and Medical Director
- Visible and audible signals

5.3.10.3 EQUIPMENT FOR VEHICLE TYPE B

Personnel:

Type B1:
- A doctor experienced in emergency care
- **Paramedics or equivalent**

Type B2:
- Two paramedics or equivalent experienced in emergency care

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

Technical equipment:
- Radio communication with Race Control and the CMO
- Visible and audible signals
- Equipment to remove suits and helmets
- Air conditioning and refrigerator are recommended

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

5.3.10.4 EQUIPMENT FOR VEHICLE TYPE C

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

Medical equipment:
- Stretcher
- Oxygen supply
- Equipment to immobilise limbs and spine (including cervical spine)
- First aid medicaments and materials

Technical equipment:
- Radio communication with Race Control and the CMO
- Visible and audible signals

5.3.11 HELICOPTER

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.
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 Medical Officer** 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.

In these circumstances or if the weather conditions or other factors prevent the use of the helicopter after consultation between the CMO, Medical Director and **FIM Medical Officer** 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. **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.** To ensure the availability of a helicopter at all times during the event, it is recommended that 2 helicopters be available.

5.3.12 MEDICAL GROUND POSTS

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.

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.**

Personnel:
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.**

Type GP1:
- A doctor experienced in resuscitation and the pre-hospital management of trauma and
- First aiders or stretcher bearers

Type GP2:
- At least one paramedic or equivalent experienced in resuscitation and the pre-hospital management of trauma and
- Two first aiders or stretcher bearers

Medical equipment:

Equipment for initiating resuscitation and emergency treatment including:
- Initial airway management
- Ventilatory support
- Haemorrhage control & circulatory support
- Cervical collar

- **Extrication device – This should be a scoop stretcher or if not available a spinal board or equivalent.**
  Devices such as "NATO" or other canvas stretchers that require the rider to be lifted on to them are no longer acceptable.

Technical equipment:

- Radio communication with race control and the CMO
- Adequate shelter for staff and equipment should be available.

5.3.13 PIT LANE GROUND POSTS

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

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

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 if not available a spinal board or equivalent**

Technical Equipment:
- Radio communication with Race Control and the CMO

5.3.14 MEDICAL CENTRE

Refer to Art. **13.3** of the FIM Standards for Circuit Racing (SRC).

Doping test facilities
See Anti-Doping code, art. 5.9.10 or 13.3.2.3 of the SRRC.

5.3.14.1 EQUIPMENT FOR RESUSCITATION AREAS

- Equipment for endotracheal intubation, tracheotomy and ventilatory 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 and sufficient surgical instruments to perform an emergency thoracotomy to control haemorrhage
- Equipment for cardiac monitoring and resuscitation, including blood pressure and ECG monitors and a defibrillator
- Equipment for immobilising the spine at all levels
- Equipment for the splinting of limb fractures
- Drugs/IV fluids including analgesic, sedating agents, anticonvulsants, paralysing and anaesthetic agents, cardiac resuscitation drugs/IV fluids
- Tetanus toxoid and broad spectrum antibiotics are recommended
- Equipment for diagnostic ultrasound
- A permanent or portable digital X-ray machine, appropriate to detect usual bone fractures in motorcycle sport, must be available.

5.3.14.2 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.

5.3.14.3 STAFF OF MEDICAL CENTRE

The following specialists should be immediately available in the medical centre:
- Trauma resuscitation specialist (e.g. Anaesthetist, Accident and emergency specialist, Intensive care specialist)
- Surgeon experienced in trauma

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.

5.3.15 MEDICAL HOMOLOGATION OF CIRCUITS / MEDICAL INSPECTION OF EVENTS

All circuits require medical homologation.
All circuits which have undergone significant changes in the layout or at the medical centre within the homologated period are required to renew homologation. The objective is to maintain the highest standard of services for the safety of the riders. This code will be used as the reference for the homologation inspections. Any request for renewal of homologation should be made by the FMN concerned.

The specific requirement for each circuit will be decided by the **Medical Director and FIM Medical Officer** in collaboration with the Circuit CMO who has to be present according to the requirements of the Championships promoters and with reference to the **FIM** Medical Code.

Following homologation, a certificate of homologation will be issued for a period of **1 year** and will include details of medical services.

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

The FMN and the Organiser will be informed by the FIM if the circuit requires renewal of homologation.

The FIM also reserves the right to review such a homologation at any time.

For details of the procedure, see appendix Q.

The medical homologation is an integral part of the overall circuit inspection and homologation and will be undertaken jointly with the relevant Sporting commission representatives.

5.3.15.1 GRADING OF CIRCUIT HOMOLOGATIONS

The medical homologation will be graded as follows:

A: Medically homologated for 1 year

B: Medically homologated for current event but improvements required prior to next event

C: Not medically homologated.

The above grades apply to homologation (Form: "Medical homologation report")

5.3.15.2 GRADING OF INSPECTION OF EVENTS

The medical inspection will be graded as follows:

A: No medical inspection necessary for 1 year.

B: Medical inspection required prior to next event

C: New inspection compulsory prior to any event.

The above grades apply to inspections (Form: Medical inspection report [during event])

5.3.16 PROCEDURE IN THE EVENT OF AN INJURED RIDER

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

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.

The CMO must be stationed in Race Control with the Medical Director **and/or FIM Medical Officer** 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** to advise the Race Director of incidences where access to a fallen rider(s) necessitates this.

Response codes are:

Code 0 No medical intervention required
Confirmation by radio and CCTV to CMO and **FIM Medical Officer** that no medical intervention required
Rider gets up unassisted

Code 1 Short rescue
Confirmation by radio and CCTV to CMO and **FIM Medical Officer** that:
Rider able to walk with assistance
Rider will be cleared from track in less than 1 minute

Code 2 Long rescue
Confirmation by radio and CCTV to CMO and **FIM Medical Officer** that the rider is conscious and no spinal injury is suspected
Rider can be safely evacuated by scoop stretcher or spinal board
Rider will be cleared from track in less than 2 minutes **and transferred directly to the medical centre.**

Code 3 Prolonged rescue
Confirmation by radio and CCTV to CMO and **FIM Medical Officer** that the rider(s) is (are) unconscious, a spinal injury is suspected or the rider is otherwise seriously injured

Rider requires immobilisation and/or stabilisation before being moved
Rescue will take longer than 3 minutes
Medical intervention required on track
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. 5.3.5.2).

Transfer to the medical centre

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.

The vehicle used to transfer the rider must be on scene of the accident with minimum delay following the order to intervene.

Medical centre

At the medical centre, medical personnel will be available to treat the rider. The CMO remains responsible for the treatment of the rider.

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 this treatment and may accompany the rider to hospital.

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 G).

Refer also to the SCAT3™ document in the appendix which is a standardised tool for evaluating injured athletes for concussion.

Transfer to hospital

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/her 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.
A doctor of the Clinica Mobile will accompany the rider.

5.4 MEDICAL MALPRACTICE INSURANCE

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

5.5 PROFESSIONAL CONFIDENCE OF MEDICAL PERSONNEL

Riders must sign a declaration on their licence application that any necessary information concerning an injury and/or medical health can be given by the attending doctor to the Race Director and to the rider's doctor and relatives. The doctor may also give information to other persons if authorised to do so by the rider personally, according to the doctor's own professional ethical code.

In any other circumstances, the doctor shall not, in his capacity as the official doctor of the event, give any information to the press or other information services.

5.6 ACCIDENT STATISTICS

The FIM Medical Officer will provide statistics to the FIM concerning accidents and injuries that occur during events (appendix E). All fatal accidents occurring during an FIM event will be reported to the FIM as per the procedure in case of fatal accidents (appendix U to be published at a later stage).

6. ANTI-DOPING CODE

The regulations will be defined by the "FIM ANTI-DOPING CODE".

MEDICAL HISTORY FORM

(to be completed by applicant)

Personal Data:

Name:	First name:	Date of birth	
Address:			
Sex	male / female	FMN:	

No		Yes	Details
☐	Loss of consciousness for any reason dizziness or headache	☐	
☐	Eye problems (except glasses)	☐	
☐	Asthma	☐	
☐	Allergy to medicines or drugs	☐	
☐	Diabetes	☐	
☐	Heart problems	☐	
☐	Blood pressure disorder	☐	
☐	Stomach problems (ulcer, etc)	☐	
☐	Uro-genital problems	☐	
☐	Epilepsy or convulsions	☐	
☐	Mental or nervous disorder	☐	
☐	Problems with arms or legs incl.muscle cramp or joint stiffness	☐	
☐	Blood disorder with tendency to bleeding	☐	
	Blood group		
☐	Operations	☐	
☐	Do you take any medicine or drugs regularly?	☐	

a. I have not been banned, on medical grounds, from taking part in any other sport.
b. I do not take drugs and do not abuse alcohol.
c. In case of an injury I give permission to the Medical Staff to release any relevant information to the clerk of the course, my relatives, my own doctor and the FMN.
d. I declare that the information that I have given is the truth.
e. I agree to the information on the Medical Examination Form being sent to the doctor of my FMN.

Date Signature of applicant (or responsible Parent or Guardian if a minor)

MEDICAL EXAMINATION FORM
(To be completed by doctor)

APPENDIX B

Personal Data:

Name:	First name:	Date of birth	
Address:			
Sex: male female		FMN:	

Normal		Abnormal	Details (if abnormal)
☐	**Cardio-vascular system**	☐	
☐	**Excercise tolerance ECG**	☐	
☐	**Echocardiography**	☐	
☐	**Blood pressure**	☐	
☐	**Pulse**	☐	
☐	**Respiratory system**	☐	
☐	**Nervous system** central	☐	
☐	peripheral	☐	
☐	**Ear, nose and throat, in particular vestibulo-cochlear apparatus** right	☐	
☐	left	☐	
☐	**Locomotor-system** arm right	☐	
☐	left	☐	
☐	leg right	☐	
☐	left	☐	
☐	spine	☐	
☐	**Abdomen** (hernia)	☐	
☐	**Urine** Albumen	☐	
☐	Glucose	☐	
	Eyes: Distant vision		
☐	without right	☐	
☐	correction left	☐	
☐	with right	☐	
☐	correction left	☐	
☐	color vision	☐	
☐	visual field	☐	

☐ I, the undersigned, certify that this person is medically fit to take part in motorcycle events

☐ I, the undersigned, certify that this person is medically NOT FIT to take part in motorcycle events

☐ I recommend that this person be examined by a member of the Medical Committee of the FMN, or doctor appointed by the FMN.

Date of examination

Signature and stamp of Doctor

APPENDIX C

SPECIAL MEDICAL EXAMINATION FORM

Personal Data:

Name: _____ First Name: _____

Class: _____ Number: _____

This rider received 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 on the FIM Medical Code and is medically FIT to control a motorcycle at racing speeds.

I, Dr. _____, certify that I have examined the above named rider and find him/her medically FIT _____ UNFIT _____ to compete

in the _____ championship,

at the _____ circuit,

on _____ (date)

_____

Signature of CMO

If there is any doubt about medical FITNESS TO COMPETE the FIM MEDICAL REPRESENTATIVE, if present, must be consulted.

If there is a difference of opinion between these two doctors as to medical fitness, the rider should not compete.

This form when completed must be given to the Clerk of the Course as soon as possible for distribution.

ACCIDENT REPORT FORM

Name of event	
Place of event	
Date of event	

Personal data

Name:				**First name:**			
Date of birth:				State/country:			
City:				Address:			
Sex:							
Spectator		Official		Team member			
Participant:		**Start #**		**Category**		**Class**	

Accident

Place of accident:	Paddock			Pit lane		Course Post #	
Date/time of accident:							

Primary care at site of accident

Doctor:		No primary care	Drugs:
Paramedic:		Intubation	
		Oxygen	
		IV-line	
		Immobilisation	

At Medical Centre/other place of treatment

Time of arrival:			Transportation				
Doctor:			Self		Ambulance		
Paramedic:			With doctor		Helicopter		

Description of accident (as reported by the injured person):

Physical examination

Condition of injured person:

Level of consciousness:	
Airway:	
Respiration:	
Circulation:	
Heart:	

Parameters:

BP sys:		BP dia:	
HR:		GCS initial	
Sat O^2		BG	

Monitoring protocol initiated:	

Location, apparent injuries, type of injury

C = concussion/ **A** = skin abrasion/ **S** = sprain/ **F** = fracture/ **H** = haematoma/ **D** = dislocation/ **W** = wound

Upper limb	right	left	**Lower limb**	right	left	**Spine**		**Other region**	
Clavicle			Pelvis			Cervical		Abdomen	
Shoulder			Hip			Thoracic spine		Chest/ribs	
Humerus			Femur			Lumbar spine		Skull	
Upper arm			Thigh			Sacrum		Face	
Ulna			Knee			Coccyx		Eye	
Radius			Calf			Other injury			
Elbow			Tibia						
Forearm			Fibula						
Wrist			Lower leg						
Thumb			Ankle						
Scaphoid			Foot						
Hand/digits			Digits						

Name:	**First name:**

X-ray:	Ultrasound:	Laboratory:

Diagnosis

1.		2.	
3.		4.	
5.		6.	

Treatment

Infusion (with drugs):	Wound care:
	Support dressing:
Drugs administered:	Ointment dressing:
Other treatment:	

Treatment suggestion

Vaccination check	
Appointment primary care physician	
Surgery in home country	

Discharge/transfer

At time					Discharge without restriction			
Return to MC on (date/time)					Medical statement sent			
Transfer to hospital	Self		With doctor		Ambulance		Helicopter	
Name of hospital					Report from hospital received			

Assessment

I = inpatient treatment/ **O** = outpatient treatment/ **U** = treatment unknown/ **N** = no treatment/ D = death

Assessment		Unfit to race		If unfit, reported to CoC/race director (time)	

Address CMO

Name:		Phone #	
Address:		Postal code/city:	

Date and signature of CMO

ACCIDENT STATISTIC FORM

Name of event:		

Date of event: **IMN :**

Name of CMO :

Day = D	**W = Weather**	**A.S.**	**= Accident Statistic**	Assessment
Thursday = 0	S = Sunny	N	= Rider OK	**F**= fit
Friday = 1	R = Rain	T	Treated & discharged	**U**= unfit
Saturday = 2	C = Cloudy	H	Transported to hospital	**R**= to be reviewed
Sunday = 3				

Day	W	Time	Class	Num-ber	FAMILY NAME	NAT	A.S.	Assess

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		**IMN No.**	
Circuit		**Date**	
Country			
CHIEF MEDICAL OFFICER			
		LIC. N°	

Discipline _____ **IMN No.** _____

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

	YES	NO
Do positions conform to map of circuit/ posts?		
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** | | | | | |

	YES	NO
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		

Medical Equipment

	YES	NO
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

	YES	NO
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		Car	
	other			

Discipline _____ **IMN No.** _____

4) Vehicles Type B1 **Number** _____

	YES	NO
Do positions conform to map of circuit/ posts?		
Doctor as per Medical Code		
Paramedics or equivalent as per Medical Code		

Vehicles Type B2 **Number** _____

Do positions conform to map of circuit/ posts?		
Doctor as per Medical Code		
Paramedics or equivalent as per Medical Code		

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 / Chest decompression equipment		
Tracheostomy equipment /Surgical aiway equipment		
Sphygmomanometer and stethoscope		
Stretcher		
Scoop stretcher		
ECG monitor and defibrillator		
Pulse oximeter		
Drugs for resuscitation and analgesia/ IV fluids		

Technical Equipment

Radio communication with Race Control 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** _____

	YES	NO
Do positions conform to map of circuit/ posts?		
Personnel as per Medical Code		

Medical Equipment

Stretcher		
Oxygen supply		
Equipment to immobilise limbs and spine (including cervical spine)		
First Aid medicaments and materials		

Technical Equipment

Radio communication with Race Control and CMO		
Visible and audible signals		

Type of vehicle _____

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?		

Discipline _____ **IMN No.** _____

Refer to Art. 13.3 of the FIM Standards for Circuits

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	☐	☐

	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	☐	☐
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	☐	☐

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	☐	☐

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	☐	☐

Discipline _____ **IMN No.** _____

Equipment for immobilising the spine at all levels	☐	☐
Equipment for the splinting of limb fractures	☐	☐
Drugs/ IV fluids including analgesia, sedating agents, anticonvulsants, paralysing 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)	☐	☐

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	☐	☐

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	☐	☐

7e) Personnel (please fill in the number)

	day	0	1	2	3	4
Doctor	number					
Nurses						
Paramedic or equivalent						
Other medical						
Stretcher bearer						
Driver						
Other						
Total						

0 Thursday
1 Friday
2 Saturday
3 Sunday
4 Monday

Specialists at medical centre (mentioning specialty)

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

Other Specialists

3.
4.

	YES	NO
7f) Doping facilities (refer to Art. 13.3.2.3 of FIM Standards for Circuits)	☐	☐

8) Vehicles for transport to hospital **Number** ☐☐☐☐☐

9) Helicopter

Helicopter with medical equipment **Number** ☐☐☐

Discipline _____ **IMN No.** _____

	YES	NO
Fluids and drugs		
Respirator		
Oxygen		
ECG/defibrillator		

Personnel (specify)

	Number	day 0	1	2	3	4
Doctor						
Nurse, Paramedic or equivalent						
Pilot						

0 Thursday
1 Friday
2 Saturday
3 Sunday
4 Monday

10) Clothing of medical personnel as per Medical Code

	YES	NO
Doctor		
Nurse, Paramedics or equivalent		

11) Closed Circuit TV YES ☐ NO ☐

12) Radio Operator (Medical Service) YES ☐ NO ☐

13) Hospitals

Type of hospital	Name of Hospital	Time to Hospital Road (min)	Time to Hospital Air (min)	Distance (km)
a) Local hospital				
b) General Surgery				
c) Orthopaedic/Trauma				
d) Neurosurgery				
e) Spinal Injuries				
f) Cardio/Thoracic Surgery				
g) Burns/Plastic Surgery				
h) Vascular Surgery				
i) Micro Surgery				

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)											

YES **NO**

The CIRCUIT CMO QUESTIONNAIRE has been completed by the CMO ☐ ☐

Remarks:

CMO signature: **Date of completion :**

RIDER SELF DISCHARGE FORM

PART 1
(To be completed by the rider)

I,_____ rider no_____

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

_____

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:_____

5 copies: CMO, Rider, Race Director, Medical Director, FIM Medical Officer, Clinica Mobile

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 dehumanised and on which the CMI must keep a watchful eye.

OBJECTIVES

The development of new medical techniques, which are less invasive and, consequently, less physically disruptive for the patient, permit shorter periods of hospitalisation and earlier rehabilitation.

However, this technological adaptation cannot also shorten the periods of cicatrisation and bone consolidation and thereby invalidate all the histophysiological concepts.
Hence, while the rider's overall recuperation might be accelerated in this way, allowing him to envisage the wildest sporting feats, the physicians 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 well being 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 cicatrisation needs time to be accommodated by the body as a whole. It is generally agreed that the stitches should be removed before any resumption of competition.
2. With regards to osteosyntheses 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 ortheses or plaster cast designed to stabilize a lesion. 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 lesion, cicatrisation 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 site 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 lesions of a lower limb:

1. Mobility equivalent to or exceeding 50% of the physiological articular amplitude 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. Jump onto and off a 30 cm high step, placing the weight on the injured limb.
6. Finally, more generally, make several 5m-diameter circles or several 8m wide figures riding a bicycle.

HEAD INJURIES

Assessment of the injured rider and return to competition should be in accordance with the guidelines for the assessment and management of concussion as contained within the International Consensus Statement on Concussion in Sport Zurich 2012.

In the event of a suspected concussion the rider should be assessed using a recognised assessment tool such as SCAT3 or similar (see appendix S). If the assessment confirms a concussion the rider should immediately be excluded from competition for at least the rest of the event. Prior to returning to competition the rider should be assessed for and provide documentary evidence of a return to normal neuro-psychological function using for example the IMPACT system, functional MRI scan or similar.

ABDOMINAL SURGERY

In the event of any abdominal surgery, with or without incision of the peritoneum, the period of unfitness for competition would range from 15 days to one month.

CONCLUSION

Provided that the various periods of cicatrisation, 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.

LIST OF MEDICALLY UNFIT RIDERS

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	NATURE OF INJURY / ILLNESS

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	NATURE OF INJURY / ILLNESS

Date

Signature of Chief Medical Officer

Any rider on these lists wishing to compete must have a Special Medical Examination to determine their medically fitness to ride in accordance with Art. 5.2 and Appendix C of 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 additional rider who has been injured. The form must then be sent on immediately to the FIM in an envelope marked "Confidential", for delivery to the CMO of the next event.

Fédération Internationale de Motocyclisme
11, route Suisse - CH-1295 Mies (Suisse)
Fax (+41-22) 950 950 1

Confidentiality note: The datas and information contained in this questionnaire are strictly confidential
This information is intended only for use of the FIM

QUESTIONNAIRE FATAL ACCIDENTS

1) **FMNR** ☐

2) **DISCIPLINE** ☐

3) **EVENT** **National** ☐ **International** ☐ **FIM** ☐

4) **CIRCUIT** ☐ **VENUE** ☐

PRACTICE ☐ **RACE** ☐ **Lap N°** ☐

Track ☐ **Paddock** ☐ **Outside** ☐

Ground post N° ☐ **Turn N°** ☐

5) **CMO** ☐

6) **RIDER:**

NAME ☐ **FIRST NAME** ☐

Date of Birth ☐ **FMN** ☐

7) **DIAGNOSES** 1 ☐

2 ☐

3 ☐

4 ☐

8) **DATE of ACCIDENT** ☐

NAME _____ **FIRST NAME** _____

9) **TIME of ACCIDENT** _____

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

Neckbrace: **YES** ☐ **NO** ☐

Type: _____

Brand: _____

Other protective devices:
(Please specify) _____

11) **TIME of DEATH** _____

12) **DEATH** **immediate** ☐ **evacuation** ☐ **hospital** ☐

13) **TIME of ARRIVAL of the FIRST AIDERS** _____

14) **TIME of START RESUSCITATION** _____

15) **THERAPY** _____

16) **AUTOPSY** **YES** ☐ **NO** ☐

17) **RESULT of the AUTOPSY** _____

18) **REMARKS** **oil** ☐ **dry track** ☐ **wet track** ☐

collision ☐ **fall** ☐

NAME | **FIRST NAME**

other

19) **DOCUMENTS** **videos** | **pictures** | **magazines**

other

20) **COMMENTS**

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

NAME of the CMO:

DATE:

SCAT3™

Sport Concussion Assessment Tool – 3rd Edition

For use by medical professionals only

Name

Date/Time of Injury:
Date of Assessment:

Examiner:

What is the SCAT3?[1]

The SCAT3 is a standardized tool for evaluating injured athletes for concussion and can be used in athletes aged from 13 years and older. It supersedes the original SCAT and the SCAT2 published in 2005 and 2009, respectively[2]. For younger persons, ages 12 and under, please use the Child SCAT3. The SCAT3 is designed for use by medical professionals. If you are not qualified, please use the Sport Concussion Recognition Tool[1]. Preseason baseline testing with the SCAT3 can be helpful for interpreting post-injury test scores.

Specific instructions for use of the SCAT3 are provided on page 3. If you are not familiar with the SCAT3, please read through these instructions carefully. This tool may be freely copied in its current form for distribution to individuals, teams, groups and organizations. Any revision or any reproduction in a digital form requires approval by the Concussion in Sport Group.
NOTE: The diagnosis of a concussion is a clinical judgment, ideally made by a medical professional. The SCAT3 should not be used solely to make, or exclude, the diagnosis of concussion in the absence of clinical judgement. An athlete may have a concussion even if their SCAT3 is "normal".

What is a concussion?

A concussion is a disturbance in brain function caused by a direct or indirect force to the head. It results in a variety of non-specific signs and/or symptoms (some examples listed below) and most often does not involve loss of consciousness. Concussion should be suspected in the presence of **any one or more** of the following:

- Symptoms (e.g., headache), or
- Physical signs (e.g., unsteadiness), or
- Impaired brain function (e.g. confusion) or
- Abnormal behaviour (e.g., change in personality).

SIDELINE ASSESSMENT

Indications for Emergency Management

NOTE: A hit to the head can sometimes be associated with a more serious brain injury. Any of the following warrants consideration of activating emergency procedures and urgent transportation to the nearest hospital:

- Glasgow Coma score less than 15
- Deteriorating mental status
- Potential spinal injury
- Progressive, worsening symptoms or new neurologic signs

Potential signs of concussion?

If any of the following signs are observed after a direct or indirect blow to the head, the athlete should stop participation, be evaluated by a medical professional and **should not be permitted to return to sport the same day** if a concussion is suspected.

Any loss of consciousness?	Y	N
"If so, how long?"		
Balance or motor incoordination (stumbles, slow/laboured movements, etc.)?	Y	N
Disorientation or confusion (inability to respond appropriately to questions)?	Y	N
Loss of memory:	Y	N
"If so, how long?"		
"Before or after the injury?"		
Blank or vacant look:	Y	N
Visible facial injury in combination with any of the above:	Y	N

1 Glasgow coma scale (GCS)

Best eye response (E)	
No eye opening	1
Eye opening in response to pain	2
Eye opening to speech	3
Eyes opening spontaneously	4
Best verbal response (V)	
No verbal response	1
Incomprehensible sounds	2
Inappropriate words	3
Confused	4
Oriented	5
Best motor response (M)	
No motor response	1
Extension to pain	2
Abnormal flexion to pain	3
Flexion/Withdrawal to pain	4
Localizes to pain	5
Obeys commands	6
Glasgow Coma score (E + V + M)	of 15

GCS should be recorded for all athletes in case of subsequent deterioration.

2 Maddocks Score[3]

"I am going to ask you a few questions, please listen carefully and give your best effort."

Modified Maddocks questions (1 point for each correct answer)

What venue are we at today?	0	1
Which half is it now?	0	1
Who scored last in this match?	0	1
What team did you play last week/game?	0	1
Did your team win the last game?	0	1
Maddocks score		of 5

Maddocks score is validated for sideline diagnosis of concussion only and is not used for serial testing.

Notes: Mechanism of Injury ("tell me what happened"?):

Any athlete with a suspected concussion should be REMOVED FROM PLAY, medically assessed, monitored for deterioration (i.e., should not be left alone) and should not drive a motor vehicle until cleared to do so by a medical professional. No athlete diagnosed with concussion should be returned to sports participation on the day of Injury.

BACKGROUND

Name: _____ Date: _____

Examiner: _____

Sport/team/school: _____ Date/time of injury: _____

Age: _____ Gender: ☐ M ☐ F

Years of education completed: _____

Dominant hand: ☐ right ☐ left ☐ neither

How many concussions do you think you have had in the past? _____

When was the most recent concussion? _____

How long was your recovery from the most recent concussion? _____

Have you ever been hospitalized or had medical imaging done for a head injury? ☐ Y ☐ N

Have you ever been diagnosed with headaches or migraines? ☐ Y ☐ N

Do you have a learning disability, dyslexia, ADD/ADHD? ☐ Y ☐ N

Have you ever been diagnosed with depression, anxiety or other psychiatric disorder? ☐ Y ☐ N

Has anyone in your family ever been diagnosed with any of these problems? ☐ Y ☐ N

Are you on any medications? If yes, please list: ☐ Y ☐ N

_____

SCAT3 to be done in resting state. Best done 10 or more minutes post excercise.

SYMPTOM EVALUATION

3 How do you feel?

"You should score yourself on the following symptoms, based on how you feel now".

	none	mild		moderate		severe	
Headache	0	1	2	3	4	5	6
"Pressure in head"	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea or vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Blurred vision	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling like "in a fog"	0	1	2	3	4	5	6
"Don't feel right"	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
More emotional	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous or Anxious	0	1	2	3	4	5	6

Total number of symptoms (Maximum possible 22) _____

Symptom severity score (Maximum possible 132) _____

Do the symptoms get worse with physical activity? ☐ Y ☐ N

Do the symptoms get worse with mental activity? ☐ Y ☐ N

☐ self rated ☐ self rated and clinician monitored

☐ clinician interview ☐ self rated with parent input

Overall rating: If you know the athlete well prior to the injury, how different is the athlete acting compared to his/her usual self?

Please circle one response:

no different	very different	unsure	N/A

Scoring on the SCAT3 should not be used as a stand-alone method to diagnose concussion, measure recovery or make decisions about an athlete's readiness to return to competition after concussion. Since signs and symptoms may evolve over time, it is important to consider repeat evaluation in the acute assessment of concussion.

COGNITIVE & PHYSICAL EVALUATION

4 Cognitive assessment

Standardized Assessment of Concussion (SAC)[4]

Orientation (1 point for each correct answer)

What month is it?	0	1
What is the date today?	0	1
What is the day of the week?	0	1
What year is it?	0	1
What time is it right now? (within 1 hour)	0	1

Orientation score _____ of 5

Immediate memory

List	Trial 1		Trial 2		Trial 3		Alternative word list		
elbow	0	1	0	1	0	1	candle	baby	finger
apple	0	1	0	1	0	1	paper	monkey	penny
carpet	0	1	0	1	0	1	sugar	perfume	blanket
saddle	0	1	0	1	0	1	sandwich	sunset	lemon
bubble	0	1	0	1	0	1	wagon	iron	insect
Total									

Immediate memory score total _____ of 15

Concentration: Digits Backward

List	Trial 1		Alternative digit list		
4-9-3	0	1	6-2-9	5-2-6	4-1-5
3-8-1-4	0	1	3-2-7-9	1-7-9-5	4-9-6-8
6-2-9-7-1	0	1	1-5-2-8-6	3-8-5-2-7	6-1-8-4-3
7-1-8-4-6-2	0	1	5-3-9-1-4-8	8-3-1-9-6-4	7-2-4-8-5-6
Total of 4					

Concentration: Month in Reverse Order (1 pt. for entire sequence correct)

Dec-Nov-Oct-Sept-Aug-Jul-Jun-May-Apr-Mar-Feb-Jan	0	1

Concentration score _____ of 5

5 Neck Examination:

Range of motion Tenderness Upper and lower limb sensation & strength

Findings: _____

6 Balance examination

Do one or both of the following tests.

Footwear (shoes, barefoot, braces, tape, etc.) _____

Modified Balance Error Scoring System (BESS) testing[5]

Which foot was tested (i.e. which is the **non-dominant** foot) ☐ Left ☐ Right

Testing surface (hard floor, field, etc.) _____

Condition

Double leg stance:	Errors
Single leg stance (non-dominant foot):	Errors
Tandem stance (non-dominant foot at back):	Errors

And / Or

Tandem gait[6,7]

Time (best of 4 trials): _____ seconds

7 Coordination examination

Upper limb coordination

Which arm was tested: ☐ Left ☐ Right

Coordination score _____ of 1

8 SAC Delayed Recall[4]

Delayed recall score _____ of 5

INSTRUCTIONS

Words in *Italics* throughout the SCAT3 are the instructions given to the athlete by the tester.

Symptom Scale

"You should score yourself on the following symptoms, based on how you feel now".

To be completed by the athlete. In situations where the symptom scale is being completed after exercise, it should still be done in a resting state, at least 10 minutes post exercise.

For total number of symptoms, maximum possible is 22.

For Symptom severity score, add all scores in table, maximum possible is 22 x 6 = 132.

SAC[4]

Immediate Memory

"I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order."

Trials 2 & 3:

"I am going to repeat the same list again. Repeat back as many words as you can remember in any order, even if you said the word before."

Complete all 3 trials regardless of score on trial 1 & 2. Read the words at a rate of one per second. **Score 1 pt. for each correct response.** Total score equals sum across all 3 trials. Do not inform the athlete that delayed recall will be tested.

Concentration

Digits backward

"I am going to read you a string of numbers and when I am done, you repeat them back to me backwards, in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7."

If correct, go to next string length. If incorrect, read trial 2. **One point possible for each string length**. Stop after incorrect on both trials. The digits should be read at the rate of one per second.

Months in reverse order

"Now tell me the months of the year in reverse order. Start with the last month and go backward. So you'll say December, November … Go ahead"

1 pt. for entire sequence correct

Delayed Recall

The delayed recall should be performed after completion of the Balance and Coordination Examination.

"Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order."

Score 1 pt. for each correct response

Balance Examination

Modified Balance Error Scoring System (BESS) testing[5]

This balance testing is based on a modified version of the Balance Error Scoring System (BESS)[5]. A stopwatch or watch with a second hand is required for this testing.

"I am now going to test your balance. Please take your shoes off, roll up your pant legs above ankle (if applicable), and remove any ankle taping (if applicable). This test will consist of three twenty second tests with different stances."

(a) Double leg stance:

"The first stance is standing with your feet together with your hands on your hips and with your eyes closed. You should try to maintain stability in that position for 20 seconds. I will be counting the number of times you move out of this position. I will start timing when you are set and have closed your eyes."

(b) Single leg stance:

"If you were to kick a ball, which foot would you use? [This will be the dominant foot] Now stand on your non-dominant foot. The dominant leg should be held in approximately 30 degrees of hip flexion and 45 degrees of knee flexion. Again, you should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."

(c) Tandem stance:

"Now stand heel-to-toe with your non-dominant foot in back. Your weight should be evenly distributed across both feet. Again, you should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."

Balance testing – types of errors

1. Hands lifted off iliac crest
2. Opening eyes
3. Step, stumble, or fall
4. Moving hip into > 30 degrees abduction
5. Lifting forefoot or heel
6. Remaining out of test position > 5 sec

Each of the 20-second trials is scored by counting the errors, or deviations from the proper stance, accumulated by the athlete. The examiner will begin counting errors only after the individual has assumed the proper start position. **The modified BESS is calculated by adding one error point for each error during the three 20-second tests. The maximum total number of errors for any single condition is 10.** If a athlete commits multiple errors simultaneously, only one error is recorded but the athlete should quickly return to the testing position, and counting should resume once subject is set. Subjects that are unable to maintain the testing procedure for a minimum of **five seconds** at the start are assigned the highest possible score, ten, for that testing condition.

OPTION: For further assessment, the same 3 stances can be performed on a surface of medium density foam (e.g., approximately 50 cm x 40 cm x 6 cm).

Tandem Gait[6,7]

Participants are instructed to stand with their feet together behind a starting line (the test is best done with footwear removed). Then, they walk in a forward direction as quickly and as accurately as possible along a 38mm wide (sports tape), 3 meter line with an alternate foot heel-to-toe gait ensuring that they approximate their heel and toe on each step. Once they cross the end of the 3m line, they turn 180 degrees and return to the starting point using the same gait. A total of 4 trials are done and the best time is retained. Athletes should complete the test in 14 seconds. Athletes fail the test if they step off the line, have a separation between their heel and toe, or if they touch or grab the examiner or an object. In this case, the time is not recorded and the trial repeated, if appropriate.

Coordination Examination

Upper limb coordination

Finger-to-nose (FTN) task:

"I am going to test your coordination now. Please sit comfortably on the chair with your eyes open and your arm (either right or left) outstretched (shoulder flexed to 90 degrees and elbow and fingers extended), pointing in front of you. When I give a start signal, I would like you to perform five successive finger to nose repetitions using your index finger to touch the tip of the nose, and then return to the starting position, as quickly and as accurately as possible."

Scoring: 5 correct repetitions in < 4 seconds = 1

Note for testers: Athletes fail the test if they do not touch their nose, do not fully extend their elbow or do not perform five repetitions. **Failure should be scored as 0.**

References & Footnotes

1. This tool has been developed by a group of international experts at the 4th International Consensus meeting on Concussion in Sport held in Zurich, Switzerland in November 2012. The full details of the conference outcomes and the authors of the tool are published in The BJSM Injury Prevention and Health Protection, 2013, Volume 47, Issue 5. The outcome paper will also be simultaneously co-published in other leading biomedical journals with the copyright held by the Concussion in Sport Group, to allow unrestricted distribution, providing no alterations are made.

2. McCrory P et al., Consensus Statement on Concussion in Sport – the 3rd International Conference on Concussion in Sport held in Zurich, November 2008. British Journal of Sports Medicine 2009; 43: i76-89.

3. Maddocks, DL; Dicker, GD; Saling, MM. The assessment of orientation following concussion in athletes. Clinical Journal of Sport Medicine. 1995; 5(1): 32–3.

4. McCrea M. Standardized mental status testing of acute concussion. Clinical Journal of Sport Medicine. 2001; 11: 176–181.

5. Guskiewicz KM. Assessment of postural stability following sport-related concussion. Current Sports Medicine Reports. 2003; 2: 24–30.

6. Schneiders, A.G., Sullivan, S.J., Gray, A., Hammond-Tooke, G. & McCrory, P. Normative values for 16-37 year old subjects for three clinical measures of motor performance used in the assessment of sports concussions. Journal of Science and Medicine in Sport. 2010; 13(2): 196–201.

7. Schneiders, A.G., Sullivan, S.J., Kvarnstrom. J.K., Olsson, M., Yden. T. & Marshall, S.W. The effect of footwear and sports-surface on dynamic neurological screening in sport-related concussion. Journal of Science and Medicine in Sport. 2010; 13(4): 382–386

ATHLETE INFORMATION

Any athlete suspected of having a concussion should be removed from play, and then seek medical evaluation.

Signs to watch for

Problems could arise over the first 24–48 hours. The athlete should not be left alone and must go to a hospital at once if they:

- Have a headache that gets worse
- Are very drowsy or can't be awakened
- Can't recognize people or places
- Have repeated vomiting
- Behave unusually or seem confused; are very irritable
- Have seizures (arms and legs jerk uncontrollably)
- Have weak or numb arms or legs
- Are unsteady on their feet; have slurred speech

Remember, it is better to be safe.
Consult your doctor after a suspected concussion.

Return to play

Athletes should not be returned to play the same day of injury.
When returning athletes to play, they should be **medically cleared and then follow a stepwise supervised program,** with stages of progression.

For example:

Rehabilitation stage	Functional exercise at each stage of rehabilitation	Objective of each stage
No activity	Physical and cognitive rest	Recovery
Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity, 70 % maximum predicted heart rate. No resistance training	Increase heart rate
Sport-specific exercise	Skating drills in ice hockey, running drills in soccer. No head impact activities	Add movement
Non-contact training drills	Progression to more complex training drills, eg passing drills in football and ice hockey. May start progressive resistance training	Exercise, coordination, and cognitive load
Full contact practice	Following medical clearance participate in normal training activities	Restore confidence and assess functional skills by coaching staff
Return to play	Normal game play	

There should be at least 24 hours (or longer) for each stage and if symptoms recur the athlete should rest until they resolve once again and then resume the program at the previous asymptomatic stage. Resistance training should only be added in the later stages.

If the athlete is symptomatic for more than 10 days, then consultation by a medical practitioner who is expert in the management of concussion, is recommended.

Medical clearance should be given before return to play.

Scoring Summary:

Test Domain	Score		
	Date:	Date:	Date:
Number of Symptoms of 22			
Symptom Severity Score of 132			
Orientation of 5			
Immediate Memory of 15			
Concentration of 5			
Delayed Recall of 5			
SAC Total			
BESS (total errors)			
Tandem Gait (seconds)			
Coordination of 1			

Notes:

CONCUSSION INJURY ADVICE

(To be given to the **person monitoring** the concussed athlete)

This patient has received an injury to the head. A careful medical examination has been carried out and no sign of any serious complications has been found. Recovery time is variable across individuals and the patient will need monitoring for a further period by a responsible adult. Your treating physician will provide guidance as to this timeframe.

If you notice any change in behaviour, vomiting, dizziness, worsening headache, double vision or excessive drowsiness, please contact your doctor or the nearest hospital emergency department immediately.

Other important points:

- Rest (physically and mentally), including training or playing sports until symptoms resolve and you are medically cleared
- No alcohol
- No prescription or non-prescription drugs without medical supervision. Specifically:
  - No sleeping tablets
  - Do not use aspirin, anti-inflammatory medication or sedating pain killers
- Do not drive until medically cleared
- Do not train or play sport until medically cleared

Clinic phone number

Patient's name

Date/time of injury

Date/time of medical review

Treating physician

Contact details or stamp

APPENDIX / ANNEXE T

FIM Circuit Racing World Championship Grand Prix - List of Medical Personnel
Championnat du Monde FIM des Grands Prix de Courses sur Circuits - Liste du personnel médical

Venue:
Date:

To be given to the Medical Director and FIM Medical Officer prior to the commencement of the event
A remettre au Directeur Médical et Médecin FIM avant le commencement de la manifestation

Family Name Nom de famille	Given Name Prénom	Title Titre	Qualifications	Speciality & Hospital Spécialistés & Hôpital	Adddional Relevant Training & Experience Formation et Expérience additionnelle relative	Location at Event Emplacement lors de la manifestation
Example	John	Dr.	MD FRCS	Emergency Medicine, Intensivist	ATLS PHTLS etc	Medical Car, Post 1 etc

Appendix V

FIM Alcohol Testing Procedure

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

*In-Competition = the in-competition period is defined as the period commencing twelve hours before the rider has passed the technical and/or administrative scrutineering whichever is the earlier, before an event** in which the rider is scheduled to participate until the publication of the results of such event. For the avoidance of doubt the possession, use and consumption of alcohol during the awarding ceremony is not considered a violation under the FIM Medical Code.

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

1. Such testing will be undertaken by an FIM Official 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 by an FIM Official at the event 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 randomly by ballot or at the discretion of the FIM Chief Steward, FIM Jury President, FIM Delegate or FIM Medical Representative.
5. At least a minimum of 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 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 excluded from the event, and the details notified to his FMN and the FIM for further potential sanction in accordance with the FIM Disciplinary & Arbitration Code and/or the relevant Sporting Regulations.
10. Alcohol testing will normally 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 etc.
11. Each rider will be tested individually and in private.
12. The alcohol testing device will be determined and provided by the FIM.

13.

14. The device will be calibrated in accordance with the manufacturer's instructions.
15. The alcohol test procedure will take place where possible in the presence of a witness.
16. The testing procedure and use of the device will be explained to the rider.
17. The rider will be allowed to select an individual mouthpiece from a selection of individually sealed mouthpieces for their individual use and attach it to the device.
18. The rider will blow steadily into the mouthpiece until the device indicates that an adequate specimen of breath has been obtained.
19. The test result displayed on the device will be shown to the rider and recorded on the test record documentation.
20. This procedure set out under point 18 above will be repeated once more until a total of two results are obtained and recorded.
21. The time of each test will also be recorded on the documentation.
22. The documentation will then be signed by the rider and officials present at the test. Any refusal by a rider to sign the documentation will be duly noted and recorded accordingly on the documentation but will not invalidate the result of the test.
23. The results and associated documentation will be forwarded to the FIM Administration.
24. If the test reading is greater than the permitted threshold of 0.10g/L a confirmatory test will be performed following at least a ten minute waiting period from the first test is completed and the result recorded.
25. As part of this confirmatory test the rider will again be asked to select a further mouthpiece from a selection of sealed mouthpieces. (A confirmatory test after a period of 10 minutes in the event of a positive test is to ensure any residual alcohol in the rider's mouth from food, mouth wash etc. is no longer present in order to limit false positive results).
26. If the result of the confirmatory test is above the permitted threshold the rider will be immediately excluded and disqualified from further participation in the event. The case will be referred for consideration of further sanction(s) in accordance with the FIM Disciplinary & Arbitration Code and/or the relevant Sporting Regulations.
27. If the result of the confirmatory test is below the permitted threshold no further action will be taken.

BREATH ALCOHOL TEST

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

Title of the event: FIM _____

Venue:_____Country:_____Date:_____

FMNR: _____ IMN N°: _____

FIM Jury Pdt or Race direction member or FIM Official: _____

Witness 1: (if any)_____Position: _____

Witness 2: (if any)_____Position: _____

Other (if present): _____Position: _____

Other (if present):_____Position: _____

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

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

Test 1: Positive ☐ Negative ☐ Result: _____.g/L____Time:_____

Test 2: Positive ☐ Negative ☐ Result:_____.g/L____Time:_____

Rider's signature:_____

Date: _____ Time:_____

FIM Jury Pdt or Race direction member or Appointed FIM Official signature:_____

Witness 2: signature: (if any) _____

Witness 1: signature: (if any) _____

Other present: signature: _____

Other present: signature _____

*** Original of this document must be sent to the FIM Administration ***

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