



MEDICAL INFORMATION SHEET SEASON 2019

- It is mandatory to attach this form to your membership application of the current year -

Last Name : First Name :

Date of birth : Height : Weight : Blood factor RH :

Address :

.....

Allergy :

Taking medication : NO YES => If YES, are they on the list of doping products? NO YES

Some hemo-cardiovascular diseases (Hemophilia) diabetes (insulin-dependent) epilepsy, impaired color vision, monocular vision, non-integrity of limbs, as well as taking certain drugs or products listed in the list of "doping" products is a cause of possible incompatibility with the motor racing competition and must be reported to the Medical Commission which will decide on presentation of the corresponding orders in case of medical treatment.

CARDIOVASCULAR APPARATUS

Auscultation : BLOOD PRESSURE : /
From the age of 60, a stress test will be requested

RESPIRATORY

Condition of the rib cage : Peak Flow :
Auscultation :

OSTEO-ARTICULAR AND MUSCLE APPARATUS

Member state Upper Right : Left :
 Lower Right : Left :
Appreciation of body musculature : Prostheses :

NEUROLOGICAL SYSTEM :

Possible anomalies : Paresis : Paralysis :

OPHTHALMOLOGY :

Wearing Lenses* or glasses NO YES
(*If wearing lenses, you must be in possession of a pair of glasses in case of loss of one or both lenses during the event)
Alteration of color vision, monocular vision NO YES

I, the undersigned, Dr.....declares that (*Rider full name*)

Does not present a contraindication for Jet-ski practice in COMPETITION

IS NOT suitable for the following reasons

Made at : Date

Medic signature (mandatory)

Medic stamp (mandatory)

IMPORTANT: Any omission, whether voluntary or not, is the sole responsibility of the declarant