

MEDICAL INFORMATION SHEET SEASON 2018



International Jet Sports Boating Association

Name : First name :

Male Female Date of birth : Build: Weight :

Address :

Post Code : City :

Email :

Mobile : Profession :

Allergy : Blood factor RH :

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

TO BE COMPLETED BY THE PHYSICIAN ONLY

CARDIOVASCULAR APPARATUS Auscultation : Blood pressure : /

From 50 years E.C.G advised (to be provided or report), then every 3 years

RUFFIER-DICKSON TEST (required)		CALCULATION OF THE RUFFIER INDEX	INDEX		Result in the corresponding box
PULSE	RESULTS	$\frac{P0 + P1 + P2 - 200}{10}$	Between 0 and 5	Very good	
P0 (at rest)			From 5 to 10	Good	
P1 (after 30 bends in 45 seconds)			From 10 to 15	Poor	
P2 (1min after exercise)			Above 15	Bad	

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 : Protheses :

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

I, the undersigned), Dr..... the (date).....

Declares that (Name - Rider's first name)

- Does not present a contraindication for the practice of the Jet-ski in COMPETITION *
- IS NOT suitable for the following reasons*

**Bar the unnecessary mention*

Signature and stamp of physician: