

MEDICAL CERTIFICATE

Any candidate wishing to practise motor-cycling sports must first undergo a full medical aptitude test.

The general practitioner can ask for this medical test should he or she find it necessary for the no-contraindication certificate. Also, in a first competition licence request, special attention should be given to the sight test. This examination may be carried out either by the general practitioner or by an ophthalmologist. Binocular acuity [whether corrected or not] should be above 6/10ths for an examination carried out with both eyes open simultaneously. The candidate must be able to recognise the colours of the different flags used [yellow, red, green, blue]. the field of vision must be above 160*. Monophthalmia may be authorised, after agreement from the Medical Committee, only for the practice of trial and categories that have staggered departures on condition that the field of vision is above 120* and acuity above 8/10ths.

In the case of anomaly, both an examination by a specialist and the opinion of the Medical Committee will be demanded. Certain neurological conditions, epilepsy, balance and coordination problems, insulin-dependent diabetes, unilateral blindness, and defects in the loco motor apparatus will require the advice of the Medical Committee. Acute coronary insufficiency, treated and persistent arterial hypertension, cardiac transplant, severe coagulation problems, chronic kidney failure and dialysis are absolute contraindications. The effects of pharmacological substances that modify attention, vigilance and behaviour are submitted to the opinion of the medical examiner. The above list of contraindications is not exhaustive. In certain specific cases the FFM may deliver restricted handicap licences. In this case a medical certificate should be addressed to the federal doctor.

Space reserved for the doctor

(Should you require federal approval please contact the FFM Medical Committee)

I, the undersigned doctor of medicine
certify that I have examined :

Name of licensee

First name of licensee

Date of birth | _ . _ | _ . _ | _ . _ |

Date of examination | _ . _ | _ . _ | _ . _ |

Stamp and signature of Doctor

and I have found to this date no contraindication to the practice of motorcycling sport and competition.

In the opposite case tick one of the corresponding boxes:

Demand the opinion of the medical Committee (*send a descriptive medical certificate to the federal doctor*).

Present a contraindication to motorcycling sport and competition certificate.