Medical Examination Report

TO BE COMPLETED BY THE EXAMINING DOCTOR

	Normal	Abnormal	Details (If Abnormal)
CARDIO-VASCULAR SYSTEM:	_____	_____	_____
BLOOD PRESSURE:	_____	_____	_____
PULSE:	_____	_____	_____
RESPIRATORY SYSTEM:	_____	_____	_____
HEAD	_____	_____	_____
PERIPHERAL	_____	_____	_____
EAR, NOSE AND THROAT, IN PARTICULAR VESTIBULOCHLEAR APPARTUS:			
RIGHT	_____	_____	_____
LEFT	_____	_____	_____
LOCOMOTOR SYSTEM:			
ARM – RIGHT	_____	_____	_____
ARM – LEFT	_____	_____	_____
LEG - RIGHT	_____	_____	_____
SPINE	_____	_____	_____
ABDOMEN (Hernia)	_____	_____	_____

DATE OF EXAMINATION: _____/_____/_____

SIGNATURE AND STAMP OF DOCTOR: _____

Annual 1 Event Licence Medical 2023

PERSONAL DETAILS:

NAME: _____

ADDRESS: _____

_____

DATE OF BIRTH ___/___/___ MALE ☐ FEMALE ☐

NATIONAL FEDERATION: _____

EYES:

DISTANT VISION	RIGHT	_____	
	LEFT	_____	Without Correction
	RIGHT	_____	
	LEFT	_____	With Correction (If Worn)

URINE	Normal	Abnormal	Details (If Abnormal)
ALBUMEN	_____	_____	_____
GLUCOSE	_____	_____	_____

ANY LONG-TERM MEDICATION: _____

ANY OTHER COMMENT: _____

_____

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

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

☐ I recommend that this person by examined by a member of the Medical Committee of the M.C.I. Or doctor appointed by the M.C.I.

(Tick Which Box is Applicable)