

MEDICAL EXAMINATION FORM

(To be completed by doctor)



APPENDIX B

(添付書類)

Personal Data:

Name:	First name:	Date of birth
Address:		
Sex:	male female	FMN: M·F·J

Normal		Abnormal	Details (if abnormal)
正常		要再検査	
<input type="checkbox"/>	Cardio-vascular system	<input type="checkbox"/>	心電図 / エコー
<input type="checkbox"/>	*Excercise tolerance ECG	<input type="checkbox"/>	
<input type="checkbox"/>	*Echocardiography	<input type="checkbox"/>	血液検査
<input type="checkbox"/>	Blood pressure	<input type="checkbox"/>	
<input type="checkbox"/>	Pulse	<input type="checkbox"/>	
<input type="checkbox"/>	Respiratory system	<input type="checkbox"/>	神経系
<input type="checkbox"/>	Nervous system central	<input type="checkbox"/>	
<input type="checkbox"/>	peripheral	<input type="checkbox"/>	耳鼻咽喉系
<input type="checkbox"/>	Ear, nose and throat, right	<input type="checkbox"/>	
<input type="checkbox"/>	in particular vestibulo-		
<input type="checkbox"/>	cochlear apparatus left	<input type="checkbox"/>	運動能力 (手/足/背骨)
<input type="checkbox"/>	Locomotor- arm right	<input type="checkbox"/>	
<input type="checkbox"/>	system left	<input type="checkbox"/>	
<input type="checkbox"/>	leg right	<input type="checkbox"/>	
<input type="checkbox"/>	left	<input type="checkbox"/>	
<input type="checkbox"/>	spine	<input type="checkbox"/>	腹部 (ヘルニア)
<input type="checkbox"/>	Abdomen (hernia)	<input type="checkbox"/>	尿検査
<input type="checkbox"/>	Urine Albumen	<input type="checkbox"/>	
<input type="checkbox"/>	Glucose	<input type="checkbox"/>	眼検査
<input type="checkbox"/>	Eyes: Distant vision		
<input type="checkbox"/>	without right	<input type="checkbox"/>	
<input type="checkbox"/>	correction left	<input type="checkbox"/>	
<input type="checkbox"/>	with right	<input type="checkbox"/>	
<input type="checkbox"/>	correction left	<input type="checkbox"/>	
<input type="checkbox"/>	color vision	<input type="checkbox"/>	
<input type="checkbox"/>	visual field	<input type="checkbox"/>	

*** In order to obtain a Superlicence in Cross-Country Rallies, it is compulsory that an exercise tolerance ECG + Echocardiography be successfully passed.**

- I, the undersigned, certify that this person is medically fit to take part in motorcycle events
競技会出場は、可能と判断する。
- I, the undersigned, certify that this person is medically NOT FIT to take part in motorcycle events
競技会出場は、不可能と判断する。
- I, recommend that this person be examined by a member of the Medical Committee of the
競技会出場判断は、主催者の判断に委ねる。

FMN, or doctor appointed by the FMN.

Date of examination

Signature and stamp of Doctor