

MFJメディカルパスポート 表面

Please fill in all on this "medical passport", then print out with double side.

Please put on a racing category witch you join in.

Roadrace	Motocross	Trial	Enduro	Supermoto	Snowcross
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Class	
Name of rider	
FIM Lisence No.	

When you show this passport to Administrative Control, fold into three and show only this side.

folding line

All riders and his/her team member should fill in this passport and keep always during the race to show doctor or rescue team when you get injury.

- All riders need to fill in all items on this passport(front/back side)
- After filling in and printing double side, fold into three then team staff should keep it in their responsibility.

folding line

- The purpose of this "medical passport" is offer your important medical information to racing doctor immediatly, rescue team or hospital doctor when you get severe iniurv. The content listed here will not be provided to any third party for any purpose other than this purpose.
- By presenting this passport at the Administrative Control or so on, we understand that the rider has given consent for the organizer to pass this letter to a medical institution through the team member or so on in the event that the rider is unconscious
- This document is intended to help you obtain the best possible medical treatment, but since important personal information is required, if you waives "benefits" mentioned above and refuses to submit this document, please contact the secretariat.

MFJメディカルパスポート 裏面

Year: _____ Month: _____ Date: _____

● MFJ/FIM License No _____ Nationality _____

● Name _____ ● Age _____

● Date of Birth _____ ● Blood Type _____ ()

● Hight _____ c m ● Weight _____ k g

● Team _____

● Team Manager _____

● Medical or injured history

● Medical note
Allergies and reaction _____
Medicines in use _____
Infectious disease •Yes(_____) •No •UnKnown

● emergency contact
①Name _____ relationship _____
Tel : _____ mail _____ @
②Name _____ relationship _____
Tel : _____ mail _____ @

※ Keep this medical passport in person or by team and submit it to the medical center in case of accident during event