

FIM AFRICA COMPETITOR MEDICAL INFORMATION FORM

All riders competing in FIM AFRICA EVENTS must complete this form in full, which will be held at Race Control for use by the Chief Medical Officer

COMPETITOR'S PERSONAL DETAILS										
FIM AFRICA PERMIT NO.	FIMA-2026002/IMN NO. 270/01				FIM LICENCE NO:		FMN LICENCE NO.			
SURNAME:					PASSPORT NO:					
FULL FIRST NAME(S):					FEDERATION					
RESIDENTIAL ADDRESS:										
HOME TEL NO:	+		EMAIL		MOBILE NO: +					
CONTACT PERSON IN THE EVENT OF AN EMERGENCY										
NAME:					RELATIONSHIP (i.e. Father, Wife, etc.)					
HOME TEL NO:		EMAIL		MOBILE NO:						
MEDICAL AID / MEDICAL INSURANCE DETAILS FOR HOSPITAL ADMISSION PURPOSES										
<p>I hereby agree to be attended to by the event doctors/paramedics if I am injured and wish to be transported to the hospital identified for this event. Should you decide to use another hospital not identified, there is the possibility the FIM/FMN Medical Insurance will NOT activate.</p>										
Do you have Medical insurance through FIM/Federation? For the MXOAN please list FIM Insurance details							YES		NO	
Please list the maximum medical benefit for which you are insured through FIM/FMN Medical Insurer (This is/should be listed on your FIM/FMN licence, if your insurance is separate to your licence please ensure that your proof of insurance cover is handed in or email together with your competition licence and/or proof of medical aid cover in case of admission and copy of Passport at documentation).							LIST AMOUNT OF COVER			
PERSONAL (HOME) DOCTOR:					CONTACT NUMBER:					
COMPETITOR MEDICAL INFORMATION										
MEDICATION/MEDICAL CONDITION(S):										
ALLERGIES:										
HAVE YOU SUSTAINED A RECENT INJURY /ILLNESS:		YES		NO		BLOOD GROUP				
						IF YES, HAVE YOU BEEN CLEARED AS MEDICALLY FIT TO COMPETE? Please submit clearance from your FMN with this form. If No is ticked your entry cannot be accepted.		YES	NO	
<p><i>IF YOU TICKED YES AND HAVE YOUR CLEARANCE, PLEASE LIST RECENT INJURIES SUSTAINED:</i></p>										
<p><i>I/WE HAVE READ AND UNDERSTOOD THE FIM AFRICA GSR's AND EVENT SR's AND SIGNIFY MY/OUR AGREEMENT TO ABIDE BY THESE RULES BY SIGNING THIS MEDICAL FORM.</i></p>										
COMPETITOR SIGNATURE:					PARENT/LEGAL GUARDIAN IF UNDER 21 YEARS OF AGE					