



MEDICAL EXAMINATION FORM

(to be completed by the doctor)



Personal Data:

Name:		First name:		Date of birth:	
Address:					
Sex:		male	female	FMN:	AMA / CMA
Normal			Abnormal	Details (if abnormal)	
<input type="checkbox"/>	Cardio-vascular system		<input type="checkbox"/>		
<input type="checkbox"/>	*Exercise Treadmill Test		<input type="checkbox"/>		
<input type="checkbox"/>	Exercise blood pressure		<input type="checkbox"/>		
<input type="checkbox"/>	Pulse		<input type="checkbox"/>		
<input type="checkbox"/>	Respiratory system		<input type="checkbox"/>		
<input type="checkbox"/>	Nervous Vestibular		<input type="checkbox"/>		
<input type="checkbox"/>	Rhombberg		<input type="checkbox"/>		
<input type="checkbox"/>	Tandem Gait		<input type="checkbox"/>		
<input type="checkbox"/>	Ear, nose and throat, right		<input type="checkbox"/>		
<input type="checkbox"/>	in particular vestibulo-		<input type="checkbox"/>		
<input type="checkbox"/>	cochlear apparatus left		<input type="checkbox"/>		
<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"/>		
<input type="checkbox"/>	Abdomen (hernia)		<input type="checkbox"/>		
<input type="checkbox"/>	Urine Albumen		<input type="checkbox"/>		
<input type="checkbox"/>	Glucose		<input type="checkbox"/>		
<input type="checkbox"/>	Eyes: Distant vision		<input type="checkbox"/>		
<input type="checkbox"/>	without correction right		<input type="checkbox"/>		
<input type="checkbox"/>	left		<input type="checkbox"/>		
<input type="checkbox"/>	with correction right		<input type="checkbox"/>		
<input type="checkbox"/>	left		<input type="checkbox"/>		
<input type="checkbox"/>	color vision		<input type="checkbox"/>		
<input type="checkbox"/>	visual field		<input type="checkbox"/>		

* In addition to the medical examination, an applicant for any license if 51 years of age or older must undergo and pass successfully an Exercise Treadmill Test (ETT) prior to the issuing of the license. The ETT must be completed and successfully passed every three years.

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

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

☐ I recommend that this person be examined by a member of the Medical Committee of the FMN, or doctor appointed by the FMN.

Date of examination

Signature of Doctor