



APPENDIX E

Licence Nr.
(will be filled in by
FIM/CMi)

Curriculum Vitae

Name: _____ First Name: _____ Title: _____

DoB: _____ (Date of Birth) _____ FMN: _____

Specialization: _____

Address: _____

Mobile: _____

Phone office: _____

E- Mail: _____

Work place: _____

Office

Hospital

Other

I started as doctor in motorcycling sport in (year): _____

Activities as doctor in motorcycling sport in the last 3 years:

Event	Function	Year

Date: _____

CMO Signature: _____

Return to the FIM Medical Department at: cmi@fim.ch



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APPLICATION FOR A CMO LICENCE BULLETIN D'INSCRIPTION POUR UNE LICENCE CSM

Name/Nom :

First name/Prénom :

Address/Adresse :

Mobile :

Phone office :

E-mail :

The undersigned confirms that:

Le soussigné confirme :

- I am familiar with the FIM MEDICAL & ANTI-DOPING CODE
Je connais le CODE MEDICAL & ANTIDOPAGE FIM
- I have attended a FIM CMO seminar in _____, date _____
J'ai participé au séminaire CSM à _____, date _____
- I am experienced at motor sport events and have attended at least two national or continental or international events as a doctor.

Je dispose d'expérience dans les manifestations motorisées et ai assisté à au moins deux manifestations nationales ou continentales ou internationales à titre de médecin.
- I am familiar with the circuit at which I will be CMO
Je connais le circuit pour lequel je serai le CSM
- I am experienced in the provision of emergency medical care
J'ai de l'expérience dans les soins médicaux d'urgence
- I am a fully registered and appropriately qualified medical practitioner
Je suis inscrit à l'ordre des médecins et j'ai l'expérience en tant que praticien
- I enclose my completed professional and motorsport C.V.
Je joins mon complet C.V. professionnel et celui du sport motocycliste

Date :

Participant Signature
Signature du participant :

Licence N°:

(to be completed by the FIM/CMI)
(à remplir par la FIM/CMI)



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CMO CURRICULUM VITAE

&

APPLICATION FOR A CMO LICENCE

Data Privacy

The CMO expressly consents that such information be collected, processed, disclosed and used for the purposes of the implementation of the FIM Medical Code in accordance with data protection laws.

CMOs shall be entitled to request the FIM to erase, rectify or obtain any Personal Data the FIM holds about them in accordance with the FIM Medical Code by sending a written request to gdpr-medical@fim.ch