



Nome/Name/Nom

Equipaggio/Team

Numero di gara
Race number
Numéro de course

SCHEDA MEDICA / MEDICAL FORM / FICHE MEDICALE

Sesso/Sex/Sexe:

M

F

Età/ Age/ Age:

Peso/Weight/Poids:

Gruppo sanguigno/Blood type/Groupe sanguin:

Malattie importanti/Important diseases/Maladies importantes:

Terapie farmacologiche/Pharmacological treatment/Thérapies pharmacologiques:

Interventi chirurgici/Surgical operations/Interventions chirurgicales:

Traumi/Trauma/Traumatismes:

Allergie/Allergies/Allergies:

Persona da avvertire al Rally/Person to be contacted at the Rally/Personne à contacter au Rallye:

Persona da contattare in patria e indirizzo/Person to be contacted in own country and address/Personne à contacter en patrie et adresse:

Ospedale scelto per il rimpatrio/Hospital chosen for the repatriation/Hôpital choisi pour le rapatriement:

LA SCHEDA MEDICA DOVRA' ESSERE TASSATIVAMENTE COMPILATA E RESTITUITA A JVD ENTRO IL 31/08/07.

→ THIS MEDICAL FORM MUST BE ABSOLUTELY FILLED IN AND RETURNED TO JVD WITHIN 31/08/07.

LA FICHE MEDICALE DOIT ETRE IMPERATIVEMENT REMPLIE ET RENVOYEE A JVD AVANT LE 31/08/07.

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FIRMA/SIGNATURE