



WORLD FREERIDE TOUR



Lastname: Name:

Date of Birth: Height: Weight: Blood Group RH factor:

Address:
.....

Any Medication:NO YES if so, are they in the category of "doping"? NO YES

Cardio-vascular apparatus

Visit: Blood Pressure:/.....

Ruffier-Dickson Test (mandatory)

		Calculation of the Ruffier Index	Index	Results
Blood Pressure	Results	$\frac{Po + P1 + P2 - 200}{10}$	0 - 5 Very Good	
P0 (at rest)			5 - 10 Good	
P1 (after 30 flexions in 45 seconds)			10 - 15 Average	
P2 (1 minute after)			Over 15 Insufficient	

Respiratory Apparatus

Status/health of the Rib Cage: Peak Flow:
Visit:

Osteo Articular Device

Status/health of the Members Upper right member: Upper Left:
..... Lower right member: Lower Left:
Evaluation of the Body Muscles : Possible Prothesis:

Neurological System

Possible Anomalies: Paresis: Paralysis:
.....

Ophtalmology

Wearing Glasses ou Lenses NO: YES:

Does not show any counter indication to practice jetski free ride sport in competition

Doctor Signature (mandatory): Date: (Mandatory Stamp)

IMPORTANT : Any voluntary or not omission is the undersigned declarant's responsibility