FEDERATION OF MOTORCYCLE SPORTS IN SRI LANKA (FMSSL)
N0. 92/8B, Ananda Rajakaruna Mawatha, Colombo 10. Contact: Tel/Fax 011 2 698930

MEDICAL EXAMINATION REPORT.

NAME OF THE MEDICAL INSTITUTION: ……..

ADRESS: ……..

CONTACT NO: ……..

Name of the person examining: ……..Age:……..Sex……..

Passport / ID No……..Report No……

Height……..Weight……

EXAMINATIONS **INVESTIGATION**

1, General: Vision: R6 / L6

FBS : ……..

Lipid Profile : …….
(Under 15 year not required)

2. Cardio vascular: B P ……

Pulse……

Heart……..

OPINION – HEREBY CONFIRM THAT HE/SHE IS FIT / NOT FIT - FOR MOTORCYCLE RACING

Medical Examiner Signature with Stamp & Date: