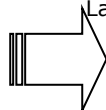




Cross Country Rally
INTERNATIONAL
 10-15_6_2017

SCHEDA MEDICA / MEDICAL FORM / FICHE MEDICAL

Nome & Cognome/Name & Fisrt Name Prénom & Nom	
Equipaggio/Team	
Sesso/Sex & Age	M F
Gruppo Sanguineo/Blood type/Groupe Sanguin	
Malattie/Important diseases/Maladies importantes:	
Terapie farmacologiche/Pharmacological treatment/Thèrapies pharmacologiques	
Interventi chirurgici/Surgical operations/Interventions chirurgicales :	
Traumi/Trauma/Traumatismes :	
Allergie/Allergies	
Persona da avvertire al Rally/Person to be contacted on the Rally/Personne à contacter sur le Rallye	
Persona da contattare in patria ed indirizzo/Person to be contacted in own country and address/Personne à contacter dans le pays d'origine et adresse :	



La scheda medica potrà essere tassativamente compilata e restituita Bike Village ASD con il modulo d'iscrizione
 The medical form must be absolutely filled in and return to Bike Village ASD with the card registration
 La Fiche médical doit être impérativement remplie et renvoyée à Bike Village ASD avec la fiche d'inscription