



HIGHLY CONFIDENTIAL BREATH ALCOHOL TEST FORM

Rider's name, first name: Rider number:
Title of the event: Country: Date:
Venue: FMNR: IMN N°:
FIM Jury Pres. or Race Direction member or FIM Official or any person appointed by the FIM for this purpose: (name, first name): Position:
Witness 1: (if applicable) Position:
Witness 2: (if applicable) Position:
Other person present: Position:
Other person present: Position:

In accordance with the FIM Medical Code, the following rider must take part of the control (Breath Alcohol Test). The alcohol control can take place anytime during the event.

The undersigned certifies to have tested the above-mentioned rider with the following results (N.B. Positive Test means >0.10g/L):

Test 1: Positive [ ] Negative [ ] Result: .g/L Time:
Test 2: Positive [ ] Negative [ ] Result: .g/L Time:

Data Privacy

The FIM Jury President, members of the Race Direction/International Jury, appointed FIM Officials and any person appointed by the FIM for this purpose shall not disclose this personal data or sensitive personal data of the riders except where such disclosures are strictly necessary in order to fulfil their obligations under the FIM Medical Code.



They shall ensure that this personal data and sensitive personal data is only retained when it remains relevant to fulfilling their obligations under the FIM Medical Code. Once it no longer serves the above-mentioned purposes, it shall be deleted, destroyed and permanently anonymised.

As a general rule, retaining sensitive personal data requires stronger or more compelling reasons than for personal data.

To be able to compete, any rider going through breath alcohol tests and therefore submitting this information including personal data and personal sensitive data shall be deemed to have agreed, pursuant to applicable data protection laws and otherwise, that such information be collected, processed, disclosed and used for the purposes of the implementation of the FIM Medical Code by the FIM Jury President, members of the Race Direction, appointed FIM Officials and any person appointed by the FIM for this purpose.

Riders or their authorised representative shall be entitled to request to erase, rectify or obtain any personal data or sensitive personal data the FIM holds about them in accordance with the FIM Medical Code by sending a written request to [gdpr-medical@fim.ch](mailto:gdpr-medical@fim.ch).

Rider's signature:

Date :

Time :

FIM Jury Pres. or Race Direction member or Appointed FIM Official or any person appointed by the FIM for this purpose (name, first name):

Signature:

Witness 1: (if applicable)

Signature:

Witness 2: (if applicable)

Signature:

Other person present:

Signature:

Other person present:

Signature:

\*\*\* Original of this document must be sent to the FIM Medical Department: [cmi@fim.ch](mailto:cmi@fim.ch) \*\*\*

\*\*\*Copy of this document must be given to the rider \*\*\*