



EXTRACT FROM THE FFVOILE MEDICAL REGULATIONS

Article 8

The medical certificate of no contraindication to the practice of sailing and in particular to sailing in competition is the conclusion of a medical examination which can be carried out by any doctor holding a State Doctorate and registered with the Order of Physicians.

The National Medical Commission of the FFVoile:

- Recalls that the medical examination leading to the issue of this certificate:
- engages the responsibility of the doctor who signs the certificate, who is the sole judge of the need for any additional examinations and is solely responsible for the obligation of means,
- must be carried out in an appropriate medical environment when it takes place before a competition.
Specifies that the content of the examination must take into account the age and level of the competitor.
Advices:
- to take into account the pathologies known as "growth" and previous pathologies,
- consult the health booklet,
- to check more precisely the locomotor system: spine, waistbands, knees, feet, with the help of X-rays if necessary.
Insists on the contraindications to the practice of sailing:
- any pathology likely to worsen during the sporting activity and/or compromise safety,
- In case of doubt, contact the Medical Committee.
Recommends:
- an update of vaccinations,
- an annual dental check-up,
- a cardiovascular stress test from the age of 40,
- basic biological monitoring from the age of 40,
- an ENT and visual examination.
Prescribed:
- The physical and medical fitness requirements for participation in single-handed and double-handed habitable events that must comply with OSRs 0, 1 and 2 are defined in Appendix 3 of these regulations,
- For all other offshore races, to carry out a medical assessment of the person concerned, as complete as possible, in relation to the competition(s) envisaged.

Medical certificate (valid for one year)

Within the framework of article II.3.2 of the FFVoile technical regulations

Taken in application of articles L.231-2, L231-2-1 of the Code of Sport

I, the undersigned, Doctor: certify that I have examined this day

Name First name born on/...../.....

and certify that his/her state of health does not contraindicate [] the practice of sailing [] including in competition.

Done on/...../..... at

Signature and stamp of the examining doctor