

# PART XIII SPORTING SAFETY AND CONDITIONS

## Chapitre BLOOD TESTS

- 13.1.001 Riders shall submit to blood tests organised by the UCI to determine their haematocrit level.
- 13.1.002 If the blood analysis shows a haematocrit level in excess of 50%, the rider shall be deemed unfit for competition cycling and may not participate in cycling races. His licence shall be withdrawn.
- The maximum level of haematocrit is 50% for a man and 47% for a woman.
- 13.1.003 Any rider summoned to undergo a blood test and who fails to present or who refuses to undergo the blood test shall be deemed unfit for competition cycling and may not participate in cycling races. His licence shall be withdrawn.
- 13.1.004 The haematocrit level shall be measured by means of the “Coulter Counter Act-8” portable device using a blood sample of 4 about millilitres.
- 13.1.005 The blood tests and analyses shall be carried out by an independent institute. The sports safety and conditions commission (SSCC) or its chairman shall also designate a medical inspector.
- 13.1.006 A blood test shall be organised if so decided by the SSCC or its chairman.
- 13.1.007 The chairman of the SSCC shall determine the place and time of blood tests.
- 13.1.008 The chairman of the SSCC shall determine who shall submit to a blood test according to a given criterion (UCI individual classification, general classification of a stage race, etc.). He may also determine a number of riders and the team or teams from which the riders will be drawn by lots. He shall inform the medical inspector thereof. If necessary, the medical inspector may draw lots in the presence of the person in charge of the institute. The number of riders drawn shall be equal for all the teams designated.
- Riders who, in the past, have refused a blood test or whose haematocrit level exceeded the maximum level, as well as any riders subject to a blood test outside competitions, may be designated by name.
- 13.1.009 The medical inspector shall draw up a list of riders to be tested. This list shall be deemed to tally with the designations determined by the chairman of the SSCC, and the medical inspector does not need to provide any proof of such designations.

No rider summoned may plead that he was not designated or drawn in accordance with the above provisions.

13.1.010 If need be, and in the absence of the chairman of the SSCC, the medical inspector may on the spot amend the decisions of chairman as referred to in clauses 13.1.007 and 13.1.008 above in order to ensure the proper conduct of the blood tests.

13.1.011 A rider designated to undergo a blood test shall be summoned by being given a form containing the elements summarised in the model in clause 13.1.029 below. The form, in duplicate, shall be given either to the rider or to his team manager or the team leader, who shall then be responsible for summoning the riders of his team. The rider, the team manager or the team leader shall sign the original to acknowledge having received it. Should any of them refuse, this shall be mentioned on the summons.

13.1.012 The riders shall present at the test premises no later than the time indicated in the summons. If not, the rider shall be deemed unfit to participate in cycling races.

13.1.013 The riders shall carry their licence and present it to the medical inspector. If a rider is not in possession of his licence, his identity shall be noted on the basis of such data as is available.

Once the analysis has been completed and provided that it shows a haematocrit level not exceeding the maximum level, the licence shall be returned to the rider or his team.

13.1.014 About 4 millilitres of blood shall be drawn from the arm of each rider by the institute doctor or by some other qualified person under his supervision. On the request of the rider, this may be done by his own team doctor in the presence of the institute doctor and a sine qua non that he strictly complies with the procedure established by the SSCC. If not, or if the blood sample was not able to be taken the first time, the blood will be taken by the institute doctor.

13.1.015 The sample shall be given an anonymous code when the blood is taken.

13.1.016 The blood samples shall be analysed together after the last blood test, using the "Coulter Counter Act -8" portable device. If the result of an analysis of a sample shows an haematocrit value exceeding the maximum level, the rider concerned can be present at a further analysis of his sample. The rider can come with a person of his choice or find himself a deputy, bearer of a written authorisation.

The rider in question or his deputy will ensure to be present at the analysis premise at the end of the first analysis. In all cases, a second analysis will be conducted, even if the rider or his deputy is not present.

13.1.017 A record shall be kept of the blood sampling operations containing the elements summarised in the model shown in clause 13.1.030 below.

The rider may countersign the record. If he does not do so, the reason shall be mentioned by the medical inspector.

13.1.018 After the sample has been analysed, the haematocrit level shall be noted in the record by the person in charge of the institute who shall then sign it and have it countersigned by the medical inspector.

13.1.019 The rider shall be informed of the haematocrit level recorded by the "Coulter Counter Act-8" portable device in the manner he indicated in the record.

All the results of the blood analyses shall be communicated to the chairman of the SSCC.

At the request of the rider and in accordance with the manner indicated by him, the chairman of the SSCC will forward to him as soon as possible a list of his parameters.

13.1.020 The medical inspector shall hand the trade teams or respective teams the list of riders whose haematocrit level does not exceed the maximum level as well as the licence of those riders.

13.1.021 Any rider who did not present, who refused the blood test or whose examination indicates a haematocrit level in excess of the maximum level may not participate in the cycling races. His name shall be communicated to his trade team or team and to the commissaires panel by means of a form containing the elements shown in the model shown in clause 13.1.031 below. The rider shall receive a copy of this through his trade team or team. In addition, his national federation shall be informed of this as soon as possible by the SSCC.

His licence shall be withdrawn by the medical inspector or shall be handed to the commissaires panel or to his national federation as soon as possible.

The names of the riders who cannot take part shall be published in a communiqué from the commissaires panel.

13.1.022 **The blood samples become the property of the UCI. They may be examined for the purpose of the health control of riders.**

13.1.023 Riders referred to in clause 13.1.021 above and who wish to resume competition cycling shall, in writing, request the SSCC at UCI headquarters in Lausanne to conduct another blood test. This test shall be conducted by an institute recognised by the UCI, which has carried out the first analyses, at the expense of the rider concerned but not until fifteen days have elapsed since the blood test from which the rider was absent, that he refused or which showed a haematocrit level in excess of the maximum level. The rider may resume competition cycling, on his sole responsibility, if the test shows a haematocrit level not in excess of the maximum level.

In all other cases, the rider will be able to compete again only if an ulterior test shows an haematocrit value not exceeding the maximum level. Any ulterior test is submitted to the same conditions above-mentioned and can be carried out fifteen days at the earliest after the previous test.

- 13.1.024 The participation of a rider in a race who has been found or declared to be unfit to participate in a cycling event shall be deemed null and void. The rider shall be penalised by a fine of between CHF 1,000 and 5,000 per race or stage, notwithstanding any penalties that may be applied for other offences committed at the time of his abusive participation.
- 13.1.025 Any trade team or team that enters a rider deemed unfit according to the provisions above shall be penalised by a fine of CHF 10,000 per offence.
- 13.1.026 Any trade team, team or other body entering its riders in a race on the world or continental calendar must inform the chairman of the SSCC, at least 7 days before the start of the race, of the name, address and telephone and fax numbers of the hotel where its riders participating in the race are lodged and shall mention their names.
- 13.1.027 The SSCC establishes the procedures and conditions for the execution of the current regulations.
- 13.1.028 The national federations can perform, under their sole responsibility, blood tests and declare a rider unfit according to the following conditions:
1. The National Federation must adopt a national regulation identical to the present model, apart from the fact that UCI and SSCC must be replaced by the applicable national bodies - apart from articles 13.1.014 and 13.1.027 - and possibly adapt the amounts of fines;
  2. The federation must adopt the procedures and conditions stipulated by the SSCC;
  3. Only the regulation, procedures and conditions stated above will be applied in this domain;
  4. With the exception of national championships, the controls cannot be organised at world or continental calendar races.
  5. The controls must be performed by persons or institutes recognized by the SSCC.
  6. The certificate issued to a rider by the competent national body which states that the rider has a natural haematocrit level higher than 50% for men or 47% for women, is only valid in the country of the Federation; an international certificate can only be issued by the SSCC according to the conditions which it sets.
  7. The national federation will be responsible for the remaining samples. It will inform the UCI of the scientific research. The Federation could also give the remaining samples to the UCI.

13.1.029 Model notice to the riders.

# International Cycling Union



RIDER'S COPY

## NOTICE TO THE RIDERS

**Names**

**First Names**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_

**Trade Team:** \_\_\_\_\_

are required to attend this day \_\_\_\_\_, (date) \_\_\_\_\_ the following place:

**Hotel:** \_\_\_\_\_, **room Nr.:** \_\_\_\_\_

**Other:** \_\_\_\_\_

to undergo a blood test at \_\_\_\_\_ a.m. / p.m. sharp.

It is obligatory for the riders to take their licences with them and if applicable their certificates, which they must hand over to the medical inspector until the results of the analysis are known.

Should one of the riders fail to attend, he will be considered unable to compete at any cycling event, and his licence will be withdrawn.

This notice has been served on Mr. \_\_\_\_\_

**Place:** \_\_\_\_\_

**Date / Time:** \_\_\_\_\_

**The Medical Inspector**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Signature acknowledging receipt**

**The Team Manager**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

or

**The representative :**

**Signature:** \_\_\_\_\_

13.1.030 Model certificate of the test certificate.

# International Cycling Union



RIDER'S COPY

## BLOOD TEST

Nº 11931

### Test certificate

1. Date: \_\_\_\_\_ 2. Place: \_\_\_\_\_
3. Surname and first name of the rider: \_\_\_\_\_
4. Trade Team: \_\_\_\_\_
5. Licence number: \_\_\_\_\_
6. Presentation time: \_\_\_\_\_
7. Time of sampling: \_\_\_\_\_
8. If so, time  
- of refusal: \_\_\_\_\_  
- of recorded absence: \_\_\_\_\_
9. Bottle code: \_\_\_\_\_
10. Author of sampling: \_\_\_\_\_

11a. I confirm that the sample was taken in accordance with the UCI Regulations

Rider's signature: \_\_\_\_\_

Assistant's name and signature: \_\_\_\_\_

b. Riders and / or Team Manager's Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 12. Results

Haematocrit: \_\_\_\_\_

Able to ride: yes ☐ no ☐

The Coulter Ac\*18 apparatus has been calibrated this day on the basis of the average of 5 measures with the 4C Plus controls of Coulter, the expiry date of which is \_\_\_\_\_. These results can be consulted on demand.

The Head of science:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Institute: \_\_\_\_\_

The Medical Inspector:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

UCI - IUML

Nº 11931

UCI - IUML

Nº 11931

13.1.031 Model declaration of incapability.

# International Cycling Union



## DECLARATION OF INCAPABILITY

For the attention of the Chief Commissaire: \_\_\_\_\_

For the attention of the Trade Team's Sports Director: \_\_\_\_\_

For the attention of the rider (via his Sports Director): \_\_\_\_\_

After analyse of the blood sample taken on

RIDER

\_\_\_\_\_

We inform you that the haematocrit value of this rider exceeds 50 %.

Consequently, we hereby declare this rider incapable to start at a cycling event and we withdraw his licence.

The duration of the incapability is 15 days minimum from the date below. The above-mentioned rider can present himself at the IUML as from the end of this duration to submit to a re-examination which he will have requested in writing to the Safety and Sporting Conditions Commission at the UCI head office.

We invite the Sports Director to give an exemplary of this declaration to the concerned rider.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of the Examining Doctor: \_\_\_\_\_

Signature of the Medical Inspector: \_\_\_\_\_

To acknowledge receipt:

Signature of the Chief Commissaire: \_\_\_\_\_

Signature of the Sports Director: \_\_\_\_\_



## Chapitre PROTECTION OF THE HEALTH OF RIDERS

### § 1

#### General

- 13.2.001 The team shall constantly and systematically ensure that its members are in proper physical condition to engage in cycling.
- The team shall also ensure that its members practice the sport under safe conditions.
- 13.2.002 For the purposes stipulated in art. 1, the team shall set in place and implement a prevention and safety programme that includes at least the medical monitoring and the risk prevention programme set out below.
- 13.2.003 The Team Manager shall be responsible for the organisation and implementation of these programmes. The team doctor shall be responsible for the medical aspects.
- 13.2.004 Each cyclist shall take care of his physical condition and be attentive to health and safety risks.
- 13.2.005 The members of any team shall undergo the medical examinations stipulated below.

### § 2

#### Team doctor

- 13.2.006 Each team shall appoint as its team doctor one single doctor who holds a sports doctor's licence.
- 13.2.007 In the event that the team doctor learns of any facts that in his view render the cyclist (even temporarily) unfit to participate in cycling events, he shall declare the cyclist unfit and shall inform the Team Manager. Without prejudice to the powers of medical inspectors, the duration of the period for which a rider shall be deemed unfit shall be determined by the team doctor. This decision and the declaration of unfitness shall be made in writing and added to the rider's medical file.
- 13.2.008 The team shall not oblige or allow any cyclist to participate in cycling events if he has been judged unfit by the team doctor or if it learns in any other way that he is unfit.
- 13.2.009 Any cyclist who is found to have a haematocrit level above the maximum admitted level shall be declared unfit according to the arrangements of the regulations on blood tests.
- 13.2.010 The team and the team doctor shall help the cyclist to seek medical assistance.



**§ 3** Medical monitoring

- 13.2.011 Medical monitoring includes a series of medical examinations designed to detect sports-related medical anomalies.

The first examination is carried out when the cyclist joins the team. Subsequently, examinations are carried out every two years, every year and every quarter as shown in the table in appendix A.

- 13.2.012 Within the context of medical monitoring, each examination shall include a physical examination by a sports doctor and the specific examinations stipulated in the table in appendix A.

- 13.2.013 The examinations shall be carried out in such a way that their results are known and provide a basis for assessing the fitness of the cyclist before the end of the period in which they must be carried out.

- 13.2.014 Any costs, including any non-refundable costs, connected with the examinations shall be borne by the team.

**Biannual examination**

- 13.2.015 The team shall oblige any cyclist who joins the team for the first time and those riders referred to in article 2.16.035 to undergo the following examinations:

- a cardiological examination, including a cardiological questionnaire, an ECG examination and a test carried out by a cardiologist who is independent of the team
- an eye test
- a chest x-ray

These examinations shall be carried out during the month preceding the first competition in which the cyclist participates for the team.

Subsequently, these examinations shall be carried out every two years, regardless of the team to which the cyclist belongs at that time.

The team must verify, each time it employs a new cyclist, when the cyclist last completed a biannual examination.

**Annual examination**

- 13.2.016 In January of each year the team shall have its cyclists undergo the following examinations:

- a blood test including:
  - a haematology examination
  - γGT
  - ALAT
  - ASAT
  - CPK
  - CREAT
  - UREA
  - URIC ACID

POTASSIUM

TOT. PROT

ALB

TSH

PROLACTIN

CORTISOL

CORTISOL

- cardiology questionnaire
- a uroscopy

If the cyclist enters the team after the month of January and if he or she has not completed an annual examination, he or she must do so before his or her first event for the team.

13.2.017 The blood test shall be carried out by a laboratory recognised by the UCI.

#### Quarterly examination

13.2.018 In addition to the annual examination, the team shall have its cyclists undergo the following examinations in April, between 15 July and 15 August and in October:

- a uroscopy
- a blood test including:
  - a haematology examination
  - $\gamma$ GT
  - ALAT
  - CPK
  - CREAT

The blood test carried out in the period 15 June to 15 August shall be carried out by a laboratory recognised by the UCI.

#### Recommended examinations

13.2.019 It is recommended that cyclists undergo the following examinations:

- HIV
- HbsAg
- HCV
- Tetanus

#### Medical files

13.2.020 The team doctor shall keep a medical file for each cyclist.

13.2.021 The medical file shall include all the results of the examinations to be carried out on the cyclist under the terms of the present regulations and any other useful information concerning the cyclist's health that is added with his agreement.

13.2.022 The medical file is the property of the cyclist but it must be kept by the team doctor.

- 13.2.023 Only the cyclist, the team doctor and the medical inspector appointed by the UCI shall have access to the medical file.
- 13.2.024 The team doctor and the medical inspector appointed by the UCI shall treat the test results as confidential, without prejudice to the obligation of the team doctor or the medical inspector to declare a cyclist unfit where necessary.
- 13.2.025 The medical file shall be handed over to the cyclist when he leaves the team. The cyclist shall hand it over to the team doctor of his new team.
- 13.2.026 Any document dating back five years or more shall be withdrawn from the medical file.
- Inspection of medical monitoring**
- 13.2.027 In August and December of each year, the team doctor shall send to the SSCC a declaration according to the model in appendix B in which he shall indicate the examinations that have been carried out on each cyclist during the first and second half of the year.
- 13.2.028 The SSCC may appoint a doctor to check that the requirements of the present chapter are respected. In this respect he or she will have access to medical files. He may declare a rider unfit for such a period as he shall determine and set the procedures to be followed. Where a rider has failed to undergo the required examinations the rider shall be declared unfit until such time that his fitness be declared by the medical inspector on the basis of such examinations as the medical inspector shall decide.

#### **§ 4 Risk prevention program**

- 13.2.029 Every year, and at the latest in May, the team, in consultation with its cyclists, doctors and caregivers, shall draw up a list of the risks observed which are typical of cycling.
- 13.2.030 The team shall also include on the list any suggestions for solutions or improvements and a calendar of implementation.
- 13.2.031 A copy of the list for the two preceding years shall be appended to each list, stating whether the suggested solutions have been implemented and, if so, the date of implementation. In the event that the solutions have not been implemented, the reasons must be stated.
- 13.2.032 Furthermore, a declaration shall be appended to each list to the effect that all the documents stipulated above were drawn up in consultation with all the cyclists. This declaration shall be signed by the coach, the team doctor and at least two cyclists.
- 13.2.033 Cyclists are entitled to consult the lists at any time.
- 13.2.034 A copy of the lists shall be sent to the SSCC upon first request.

## § 5 Penalties

13.2.035 The following penalties shall be imposed in the event of infringements of the regulations set out in the present chapter:

1. With respect to the team: suspension from 8 days to six months and/or a fine of 1,000 FS to 100,000 FS
2. With respect to the cyclist: suspension from 8 days to three months and/or a fine of 100 FS to 10,000 FS
3. With respect to the team doctor: according to article 13.3.007
4. With respect to the coach: a suspension of between 8 days and ten years and/or a fine of between 500 FS and 20,000 FS. In the event of an infringement committed in the two years following the first infringement, six month suspension minimum or final exclusion and a fine of 1000 FS to 30,000 FS.

### APPENDIX A

OBLIGATORY EXAMINATIONS	1 x per year (+ licence + TT entry)	4 x per year in total	Every 2 years	Explanations
STICK URINE	X	X		
Haematology	X	X		anaemia - iron deficiency - infection - coagulation
γGT	X	X		> liver - gall bladder
ALAT	X	X		
ASAT	X			
CK	X	X		Muscular work urinary problems
CREAT	X	X		
UREA	X			
URIC ACID	X			> albumin concentration thyroid gland
POTASSIUM	X			
TOT. PROT.	X			
ALB	X			
TSH	X			
PROLACTINE	X			
CORTISOL	X			
chest X-rays	X			
Echocardiogr+doppler			X	
Cardiology questionn.	X			
Eye test			X	
<b>RECOMMENDED EXAMINATIONS</b>				
HIV	X			
HbsAg	X			
HCV	X			
Tetanus	X			



## MEDICAL MONITORING FORM

APPENDIX B

In accordance with art. 13.2.027 - Protection of the Health of riders

This form must be sent twice a year to the UCI

TRADE TEAM : .....

RIDER : .....

No of licence : .....

LABORATORY : .....

Head of laboratory : .....

EXAMINATIONS	DATE	LABORATORY / HOSPITAL	COMMENTS
Physiological examinations			
Urine stick			
Haematology			
Haematocrit			
yGT			
ALAT			
ASAT			
CK			
CREAT			
UREA			
URIC ACID			
Potassium			
TOT. PROT.			
ALB			
TSH			
Prolactine			
Cortisol			
Chest X-rays			
Echocardiogr+ Doppler			
Cardiology questionnaire			
Eye test			

Place : .....

Date : .....

Team doctor

Name : .....

Signature: .....

*This form must be copied based on the requirements of your Trade Team*



## Chapitre Sports doctors

- 13.3.001 Only doctors who hold a licence issued by a National Federation may be engaged or appointed by National Federations, Trade Teams, sponsors, clubs, cycling associations, race organisers or any other cycling body to provide medical care to their respective riders.
- 13.3.002 Medical care in this context is understood to mean non-casual medical care, including that in the following fields: medical examination of athletes, examination of fitness to compete, treatment of sporting injuries and illnesses, the prescription of medication to be taken during sporting activity and advice on nutrition and training.
- 13.3.003 The licence shall be issued by the National Federation of the country of residence of the doctor.
- 13.3.004 The conditions under which a sports doctor's licence may be obtained shall be set by the national federation.

In all cases those involved shall:

- 1. hold a recognised qualification as a doctor of medicine
- 2. have successfully followed a course of specialist training in sports medicine specified, organised or recognised by the national federation issuing the licence.
- 3. have passed an examination organised by the national federation on the UCI and national regulations on matters affecting riders' health and on the code of conduct for sports doctors summarised in Article 13.3.009.
- 4. commit themselves to respecting the UCI code of conduct for sports doctors.

Doctors who have proved their aptitude in the field through past experience may be exempted from the condition in point 2 above by their National Federation.

- 13.3.005 Every two years a sports doctor's licence shall be renewed only if the doctor has followed a refresher course organised or recognised by the national federation, or successfully resits the examination referred to in point 3 of article 13.3.004.
- 13.3.006 The national federations shall submit the following to the UCI:
  - 1. Their complete terms and conditions for the issue of a sports doctor's licence
  - 2. The complete and detailed programme for the refresher courses.
- 13.3.007 Any breach of the obligations imposed by these regulations shall be penalised by a suspension of between 8 days and one year and/or a fine of between FS 500 and FS 5,000. In the case of a second offence within two years of the first, the doctor will be suspended for a duration of at least six months or excluded permanently and subjected to a fine of between FS 1,000 and FS 10,000.

Furthermore the matter may be passed over to the medical disciplinary authorities.

- 13.3.008 Any breach of article 13.3.001 shall be penalised by a suspension of the body in question of between one month and one year and/or a fine of between FS 1,000 and FS 10,000. In the event of a second or subsequent offence within five years of the first, the offence shall be penalised by a fine of between FS 2,000 and FS 20,000 and/or a suspension of at least six months or permanent exclusion.

If the case involves a rider who, during the year of the offence, has taken part in or is taking part in races on the world or continental calendars, the national federation shall inform the UCI before it starts disciplinary procedures. The UCI may require disciplinary proceedings to be held in accordance with articles 70 to 89 of the regulations for antidoping controls. If the UCI does not make use of this right within fifteen days of its being informed of the case by the national federation, the latter may proceed with disciplinary proceedings in accordance with its own regulations.

### 13.3.009 Code of conduct for sports doctors

#### Category 1: Aspects related to general medical/technical actions

(1-3: general treatment, training)

1. A physician shall not keep any treatment methods for ill or injured athletes to himself nor shall he restrict knowledge of these methods to a limited group.
2. A physician shall not keep to himself any testing and training methods with a curative or preventive effect.
3. A physician shall not conceal any side-effects of the treatment of ill or injured athletes or any harmful effects of training methods.

(4-8: infusion, supplement, injection)

4. The grounds for infusion therapy are in principle not different for a sick athlete than for a patient who does not participate in any sports.
5. A physician will only prescribe (sports) food supplements if there is any indication of a shortage of certain nutrients and/or if there is an increased need for nutrients which the normal diet temporarily cannot provide, in spite of its careful and varied composition.
6. Hormone supplement is only acceptable if, compared to a normal situation, there is an abnormal dip of the hormone level which, according to modern medical insights, is related to an increased threat to the athlete's health.
7. In sports, too, the administering of pain-killing injections is an accepted method of treating pain.
8. A physician shall not administer an injection if as a result the participation in sports will cause a risk of irreversible damage to the athlete's body.

(9-11: doping; see also 33-34)

9. A physician who is approached by an athlete with the request to prescribe medication listed on the dope list and/or to supervise the athlete's use of medication listed on the dope list must respond negatively to this request.
10. If a physician is confronted with the use of medication listed on the dope list by any athletes in his care, which medicines were prescribed to them on medical grounds by a(nother) physician in attendance because of a disorder, the physician is obliged, after obtaining the athlete's permission and in consultation with the athlete/patient and the physician attending him, to seek (other)

medication with comparable effects which is not listed on the (inter)national dope list(s).

11. If a physician is confronted with the use of medication listed on the dope list by any athletes in his care, which the athlete(s) use(s) without any medical grounds with the object of performance improvement, the physician is obliged to advise the athlete(s) in question against the use of this medication.

## Category 2: Patient-related aspects

(12-15: responsibilities of (sports) physician and athlete)

12. The physician has the care for the health, safety and well-being of the athletes entrusted to his care. A physician who works for a sports association or sports club will have to carefully balance individual, group and organisational interests. The individual athlete's health, however, is of central interest to the physician.
13. The physician is personally responsible for and free in deciding on diagnostics, therapy and supervision on behalf of the athletes entrusted to his care. In these decisions the right of informed consent and the personal responsibility of the athlete must always be considered.
14. The physician will only accept assignments if his position as an independent expert is sufficiently guaranteed.
15. The physician is obliged to clearly and specifically state his objective opinion to the athlete and his trainer/coach as to the fitness of the athlete in question to engage in sports, so that no doubt may remain as to his statement. In doing so, the physician will respect the personal responsibility of the athlete entrusted to his care, if necessary after having pointed out the consequences resulting from the athlete's decision. An exception to this guideline occurs if health risks for third parties are involved or if there is an immediate emergency (see guideline 32).

(16-17: informed consent)

16. The physician will inform the athlete about the treatment, the use of medication and the possible consequences in an understandable way, and will proceed to request his permission for treatment.
17. A team physician in attendance of a sports club or sports team, will explain to the individual athletes that they are free to consult another physician.  
The team physician will also explain to the athlete involved that in such a case he (the team physician) cannot be responsible for the actions and advice of (the) other physician(s).  
(liability of the (sports) physician)
18. A physician or his employee should at least have adequate professional liability insurance and possibly also professional legal expenses insurance.

## Category 3: Aspects related to fellow-professionals and other care providers

(criticism towards a fellow physician)

19. The physician shall refrain from publicly criticising fellow-professionals who are treating a (top) athlete.  
(20-22: exchange of information)
20. Within the framework of the supervision of the athlete, the physician may, with the athlete's consent, exchange relevant medical data with the physician in attendance.
21. When the physician is to decide on the admission to a certain (type of) sport, the physician, if necessary, will, on the basis of his previous contacts with the athlete or of his examination,



request additional, factual data from the physician in attendance (also see the articles below with regard to examinations).

#### Category 4: Aspects related to recording data

22. The physician will make notes of medical data relevant to the athlete and his sport and he will carefully record these data in a file. The physician will keep these data for a period of ten years, counting from the moment they were recorded, or so much longer as will reasonably be required to be able to provide a proper care for the athlete.
23. The physician will organise and manage the file and the filing system in which the file is contained in such a way that the confidentiality of its contents and the protection of the athlete's privacy towards others are guaranteed.
24. At the athlete's request, the physician will as soon as possible provide access to and copies of the data in the file, accompanied by the required explanations.  
This will be omitted only if the athlete's access to and receiving copies of certain data would intrude on the privacy of another party.

#### Category 5: Society-related aspects

(25-26: physical examination, assessment of aptitude)

25. The physician will only examine on the basis of the specific medical requirements made to the participation in the sport in question.
26. The physician who performs a physical examination by order of a third party will allow the athlete who is the subject of the examination the opportunity to state whether he wishes to be informed of the results and the conclusion of the examination and, if so, whether he wishes to be the first to be informed, in order to be able to decide whether others should also be informed.  
This information is restricted to the physician's advice that the athlete is deemed either "fit", "unfit" or "fit under certain conditions" (mentioning these conditions) to (continue to) practise the (top) sport in question.  
(remuneration)
27. The physician shall not accept any financial reward or gifts that are incommensurate with the usual fee.  
(the obligation to point out hazards)
28. The physician will - on the basis of experience and of data obtained professionally - point out health-threatening situations occurring during sports practice or training to those responsible, with the object of reducing and where possible eliminating the observed threats.  
(own quality and further training)
29. The physician will obtain and retain knowledge of the specific and mental demands made of athletes when they participate in sports activities. Relevant aspects in this respect are:
  - expertise;
  - effectiveness and efficiency;
  - scrupulousness;
  - safety.(extra attention for child athlete)
30. The physician is responsible for the medical supervision of child athletes, will help to stimulate the development of the child both somatically and psychosomatically and will help to prevent excesses of too intensive sports practice.

(the physician's power of decision in hazardous situations)

31. The physician who is involved in the medical supervision of sports practice (for example as a tournament physician or tour physician) under certain circumstances has the right to decide whether or not a certain athlete may (continue to) participate in a match. This power applies if the athlete in question is at that moment incapable of adequately assessing his own state of health and the state of the environment and/or if the state of health of the athlete in question presents a risk to others.  
(32-33: doping)
32. The physician will co-operate in performing a compulsory antidoping control for athletes, laid down in the sports regulations, if he is professionally involved insofar this is not in contradiction with other obligations resulting from the code of conduct and the guidelines.
33. The physician is free to express his opinion on the doping problems to others - regardless of whether this opinion testifies of a positive or a negative attitude towards the use of medication on the dope list. This may not take place in a way which is annoying to the patients/athletes and it must be assumed that this will not prevent the physician from providing each patient/athlete, regardless of his principles of life, with the care which is best for him and to which he is entitled.  
(34-35: publicity)
34. The physician will state any information to the media on the state of the health of any athlete he treats only with the athlete's consent and with the utmost care.  
In this matter, the rules with respect to professional secrecy must of course be complied with.
35. Publicity by and intended for physicians must be factual, controllable and understandable. Publicity may not be in any way soliciting or conducted in such a way that certain services or treatment methods of a certain physician are compared to those of colleagues who are either mentioned by name or who are unmistakably indicated.

# IV

## Chapitre Attendants

### Definition

- 13.4.001 The term attendant shall be taken to mean any person who, regularly, at the request or on the direct or indirect initiative of a National Federation, a Trade Team, a sponsor, a club, a cycling association, a race organiser or any other cycling entity, administers to a racing cyclist any material, physical, para-medical or psychological care in connection with the preparation for or participation in cycling races, such as, for example, the preparation, supply or administration of drinks, food or any other preparation destined for consumption, the administration - under the supervision of a doctor - of medicines, treatment in case of injury, massage or assistance during training and physical exercise.

### 13.4.002 Licence

With the exception of doctors bearing a licence to practise medicine, no-one may act as attendant without holding an attendant's licence.

### 13.4.003 The attendant's licence shall be issued by the competent National Federation.

With the UCI authorisation, National Federations may create attendant's licences the validity of which may be limited to specific forms of care such as massage and physiotherapy.

### 13.4.004 The conditions for obtaining an attendant's licence shall be set by National Federations. Those conditions shall ensure that the attendant's licence be issued only to persons capable of offering quality assistance that takes due account of health requirements.

### 13.4.005 Before being issued with their first licence, candidates will have to follow a course and to pass an examination organised by the National Federation. The Federation may then award diplomas for training which meet the criteria mentioned in the article 13.4.004.

### 13.4.006 The attendant's licence shall be renewed every two years provided that the holder has followed a refresher course organised by the National Federation.

### 13.4.007 National federations shall submit to the UCI:

- 1) a complete set of the conditions on which they issue the attendant's licence
- 2) the full and detailed syllabus of the basic and refresher courses.

### Rules of conduct

### 13.4.008 The attendant shall respect and ensure that others respect the health requirements of the rider, sporting ethics and the regulations of the UCI and National Federations.

### 13.4.009 The behaviour of the attendant shall serve as an example for the rider.

### 13.4.010 The attendant shall place the health of the rider before any interests of his Trade Team, club, sponsor or national team, that might be harmful to him. He shall oppose training sessions or participation in races in cases where the health and security of the rider cannot be ensured.

- 13.4.011 The attendant shall avoid and combat any facts, situations and circumstances that might have a negative effect on the physical integrity and the psychic well-being of the rider.
- 13.4.012 The attendant shall confine his activity to such acts for which he has sufficient training and experience to guarantee their quality and safety.
- 13.4.013 Care shall be given according to the real needs of the rider. The attendant shall abstain from any treatment of an experimental nature.
- 13.4.014 The attendant shall refrain from doing anything he may not be authorised to do under the legislation of his own country or of that in which he is providing his services.
- 13.4.015 The attendant shall be required to follow the instructions of a doctor when treating a sick or injured rider.
- 13.4.016 In particular, the attendant shall abstain from and oppose:
  - a) any involvement in acts and methods prohibited under the UCI Drug-Test Regulations;
  - b) the use of any substances or procedures that artificially modify the constituents of the human body.

#### Fundamental rights of the rider

- 13.4.017 The attendant may not perform any act on the rider without the consent of the rider himself.
- 13.4.018 The attendant shall inform the rider of the nature and purposes of any treatment given and of its consequences.
- 13.4.019 The rider shall be entitled to know of any information about his health or his psychic or physical state that the attendant has recorded or has had recorded.
- 13.4.020 The attendant shall respect the private life of the rider and, in the interests of that privacy, be discreet about the care administered, notwithstanding his obligation to disclose information required by or under the regulations of the UCI and of National Federations or a legal provision.

#### Disciplinary action

- 13.4.021 Any breach by an attendant of the obligations deriving from the present regulations shall be punished by a suspension of at least 8 days up to a maximum of one year and/or a fine of minimum 500 to maximum 5,000 Swiss francs. In the case of a second breach being committed within two years of a first breach, the attendant shall be suspended for a minimum duration of six months or will be debarred for life and subjected to a fine of minimum 1,000 up to maximum 10,000 Swiss francs.
- 13.4.022 Any person, club, Trade Team, Federation or other organisation calling on the services of a person not holding an attendant's or doctor's licence for the purpose of caring for a rider as defined in article 13.4.001 shall be suspended for a minimum of one month up to a maximum of one year and/or be subjected to a fine of minimum 750 up to maximum 10,000 Swiss francs. Should there

be a repeat of the offence within two years, the punishment shall be a minimum suspension of six months or final debarment and a fine of minimum 1,500 up to maximum 20,000 Swiss francs.

**13.4.023** The same penalties as referred to in article 13.4.022 shall be imposed on any licence-holders caring for riders without holding an attendant's or a doctor's licence or who are accessory to any breach committed by an attendant, in particular by inciting or forcing the attendant to commit acts counter to the present Regulations.

**13.4.024 Procedure**  
Should the facts relate to a rider who, during the year in which the breach was committed, participates or has participated in World or Continental Calendar races, the National Federation shall inform the UCI before taking any disciplinary action. The UCI shall then be entitled, within fifteen days of the notification by the National Federation, to require that disciplinary proceedings be taken according to articles 70 to 89 of the Drug-Test Regulations. If the UCI does not avail itself of this right, the proceedings shall be conducted according to the regulations of the National Federation.