

PART 13 SPORTING SAFETY AND CONDITIONS

Chapter MEDICAL MONITORING

§ 1 General

- 13.1.001** Each cyclist shall take care of his physical condition and be attentive to health and safety risks.
- 13.1.002** Each Team taking part in cycle races shall constantly and systematically ensure that its members are in proper physical condition to engage in cycling.
- It shall also ensure that their members practice the sport under safe conditions.
- 13.1.003** National Federations shall have freedom of action as regards health protection and medical monitoring.

For the Teams and riders noted in section 2 and 3 below, this matter shall be governed by these regulations. Only the medical monitoring procedures laid down under these regulations and the tests involved may be imposed on Teams and riders subject to the provisions of sections 2 and 3 below. No sanction or other measure may be taken against them for failure to submit to other programmes or tests. Without prejudice to the assessment of fitness in each individual case, no criteria of fitness for competitive cycling shall be applied other than those set out in these regulations.

If, for reasons involving health or a national regulation or programme in this field, a National Federation refuses to issue a licence to a rider from such a Team or who is only temporarily without a contract from such a Team, the interested party may apply for a licence from the UCI who may, if deemed necessary, redirect the rider to their National Federation or determine the tests to be carried out in order for the licence to be issued.

- 13.1.004** During races on the international calendar, no controls other than those imposed under the UCI regulations may be organised or accepted.

§ 2 Medical monitoring of Teams (road)

- 13.1.005** This section shall apply to the Teams and riders noted in chapters XV and XVI of part II of the regulations.

General

- 13.1.006** For the purposes stipulated in article 13.1.002, the Team shall set in place and implement a prevention and safety programme that includes at least the programme of required tests and the risk prevention programme set out below.
- 13.1.007** The Team Manager shall be responsible for the organisation and implementation of these programmes. The Team doctor shall be responsible for the medical aspects.
- 13.1.008** 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.
- 13.1.009** The Team and the Team doctor shall help the cyclist to seek medical assistance.

Team doctor

- 13.1.010** Each Team shall appoint as its Team doctor one single doctor who holds a sports doctor's licence.
- 13.1.011** 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. 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.

(text modified on 1.01.09).

- 13.1.012** [abrogated on 1.01.09].

Tests

- 13.1.013** Riders must undergo the medical tests listed in the "Programme of obligatory tests for UCI medical monitoring" drawn up by the Medical Commission (MC) and approved by the UCI President.

This programme will also set the procedures for the implementation of this section. The programme is obligatory for the parties concerned on the same basis as these regulations and is subject to the sanctions set out in the latter.

The programme and its amendments shall come into force as from the moment that the Teams are notified.

(text modified on 25.09.08).

- 13.1.014** The programme of obligatory test must include a check-up when a rider first joins a Team. Subsequently, examinations are carried out every two years, every year and every quarter as shown in the table in the programme.
- 13.1.015** 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 the programme.

13.1.016 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.

13.1.017 The obligatory tests shall be carried out at the Teams' expense.

Medical files

13.1.018 The Team doctor shall keep a medical file for each cyclist.

13.1.019 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.

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

13.1.021 Without the prejudice to the right to check of the UCI doctor following article 13.1.027, only the cyclist, the Team doctor and the UCI doctor shall have access to the medical file.

(text modified on 1.01.09).

13.1.022 The Team doctor and if necessary, the UCI doctor shall treat the test results as confidential, without prejudice to the obligation of the Team doctor to declare a cyclist unfit where necessary.

(text modified on 1.01.09).

13.1.023 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.

13.1.024 Any document dating back ten years or more shall be withdrawn from the medical file.

Controls

13.1.025 After each test the Team doctor shall submit a declaration to the MC in accordance with the model drawn up by the MC noting the examinations undergone by each rider. This declaration must be received by the MC by the 15th of the month following that in which the test was to take place.

(text modified on 25.09.08).

13.1.026 [abrogated on 1.01.09].

13.1.027 On request from the UCI doctor and within the time limit and in accordance with the procedures set by him, the Team doctor shall notify him the proof of the obligatory tests following the present regulations and give him the explanations and information required.

(text modified on 1.04.05; 1.01.09).

13.1.028 [abrogated on 1.01.09].

13.1.029 [abrogated on 1.01.09].

Risk prevention programme

13.1.030 Every year, and at the latest in May, the Team, in consultation with its cyclists, doctors and Paramedical Assistants, shall draw up a list of the risks observed which are typical of cycling.

13.1.031 The Team shall also include on the list any suggestions for solutions or improvements and a calendar of implementation.

13.1.032 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.

13.1.033 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.

13.1.034 Cyclists are entitled to consult the lists at any time.

13.1.035 A copy of the lists shall be sent to the MC upon first request.

(text modified on 25.09.08).

Penalties

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

1. to the Team: suspension from eight days to six months and/or a fine of CHF 1,000 to CHF 100,000 in the event of a contravention of article 13.1.025 the Team shall be penalised by a fine of CHF 500 per rider per week's delay;
2. to the rider: suspension from eight days to three months and/or a fine of CHF 100 to CHF 10,000;
3. to the Team doctor: in accordance with article 13.2.008;
4. to the Team Manager: a suspension of between eight days and ten years and/or a fine of between CHF 500 and CHF 20,000. 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 CHF 1,000 to CHF 30,000.

§ 3

Medical monitoring for mountain bike disciplines (cross-country), track and BMX

13.1.037 This section shall apply to the following disciplines: mountain-bike (cross-country), track and BMX.

Riders who have to submit to the medical monitoring program are the following:

- mountain-bike (cross-country): the first 100 men and the first 40 women in the UCI individual classifications, Olympic format, of the 31 December of the preceding year;

- Track: the first 100 men and the first 40 women in the UCI individual classifications established at the end of the Elite World Championships. The year 2008 is an exception, where it has to be taken into consideration the UCI individual classification of the 31 December 2007;
- BMX: the first 50 men and the first 20 women of the UCI individual classifications of the 31 December of the preceding year.

(text modified on 1.01.04; 1.01.07; 25.09.07).

General

- 13.1.038** The national federation of the rider shall set in place and implement a prevention and safety programme that includes at least the programme of required tests set out below.

(text modified on 1.01.04).

- 13.1.039** The national federation shall be responsible for the organisation and implementation of these programmes. The doctor appointed by the national federation (medical consultant) shall be responsible for the medical aspects.

(text modified on 1.01.04).

- 13.1.040** The national federation or the rider's Team shall not oblige or allow any cyclist to participate in cycling events if he has been judged unfit by the medical consultant or if it learns in any other way that he is unfit.

(text modified on 1.01.04).

- 13.1.041** The national federation and the medical consultant shall help the cyclist to seek medical assistance.

(text modified on 1.01.04).

Medical Consultant

- 13.1.042** The national federation appoints a medical consultant, who will be responsible for the medical monitoring.

(text modified on 1.01.04).

- 13.1.043** In the event that the medical consultant 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, the club or the rider's team. The period for which a rider shall be deemed unfit shall be determined by the medical consultant. This decision and the declaration of unfitness shall be made in writing and added to the rider's medical file.

(text modified on 1.01.04; 1.01.09).

- 13.1.044** [abrogated on 1.01.09].

Tests

- 13.1.045** Riders covered by article 13.1.037 must undergo the medical tests listed in the «Programme of obligatory tests for UCI medical monitoring» for mountain biking (cross-country), respectively track and BMX, drawn up by the Medical Commission (MC) and approved by the UCI President.

This programme will also set the procedures for the implementation of this section. The programme is obligatory for the parties concerned on the same basis as these regulations and is subject to the sanctions set out in the latter.

The programme and its amendments shall come into force as from the moment that of their communication to the national federation.

(text modified on 1.01.04; 25.09.07; 25.09.98).

- 13.1.046** The programme of obligatory test must include a check-up when request for the licence is submitted. Subsequently, examinations are carried out as shown in the table in the programme.

(text modified on 1.01.04).

- 13.1.047** 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 the programme.

- 13.1.048** 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.

- 13.1.049** The obligatory tests shall be carried out at the national federation's expense.

(text modified on 1.01.04).

Medical files

- 13.1.050** The medical consultant shall keep a medical file for each cyclist.

(text modified on 1.01.04).

- 13.1.051** 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.

- 13.1.052** The medical file is the property of the cyclist but it must be kept by the medical consultant.

(text modified on 1.01.04).

- 13.1.053** Without prejudice to the right to check of the UCI doctor following article 13.1.058, only the cyclist and the consultant doctor shall have access to the medical file.

(text modified on 1.01.04; 1.01.09).

13.1.054 The medical consultant and, if needed the UCI doctor shall treat the test results as confidential, without prejudice to the obligation of the medical consultant to declare a cyclist unfit where necessary.

(text modified on 1.01.04; 1.01.09).

13.1.055 The medical file shall be handed over to the cyclist when he is no longer a licence-holder of the national federation.

(article introduced on 1.01.04).

13.1.056 Any document dating back ten years or more shall be withdrawn from the medical file.

Controls

13.1.057 [abrogated on 1.01.09].

13.1.058 On request from the UCI doctor and within the time limit and in accordance with the procedures set by him, the medical consultant shall notify him of the result of the tests and give him the explanations and information required.

(text modified on 1.01.04; 1.01.09).

13.1.059 [abrogated on 1.01.09].

13.1.060 [abrogated on 1.01.09].

Penalties

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

1. to the national federation: a fine of CHF 1,000 to CHF 10,000 in the event of a contravention of article 13.1.045, The national federation shall be penalised by a fine of CHF 500 per rider per week's delay;
2. to the rider: suspension from eight days to three months and/or a fine of CHF 100 to CHF 10,000;
3. to the medical consultant: in accordance with article 13.2.008;
4. to the rider's team manager, depending on the case: a suspension of between eight days and ten years and/or a fine of between CHF 500 and CHF 20,000. 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 CHF 1,000 to CHF 30,000.

(text modified on 1.01.04).

§ 4 Ban on injections

(paragraph introduced on 4.05.11).

Comments: the aim of this paragraph is to prohibit the use of injections to administer drugs or substances without a clear and recognized medical indication (i.e. vitamins, enzymes, cofactors, sugars, amino-acids, proteins, anti-oxydants, etc.). In particular, it refers to injections aimed at improving and speeding up recovery or decreasing fatigue.

13.1.062 The injection of any substance to any site of a rider's body is prohibited unless all of the following conditions are met:

1. The injection must be medically justified based on latest recognized scientific knowledge and evidence based medicine. Justification includes physical examination by a certified medical doctor and an appropriately documented diagnosis, medication and route of administration;
2. There is no alternative treatment without injection available;
3. The injection must respect the manufacturer-approved indication of the medication;
4. The injection must be administered by a certified medical professional;
5. Except when received during hospital treatment, clinical examination, **or for vaccination, or for treatment with a valid TUE**, the injection must be reported immediately and in writing not later than 24 hours afterwards to the UCI Doctor (via email [**medical@uci.ch**] or fax [**+41 24 468 59 48**]). The report must be made by the medical doctor having examined the rider and must include the confirmation that a physical examination took place, the diagnosis, medication and route of administration. Where applicable it shall also include the prescription referred to in article 13.1.065.

Comment to par. 5: the report may be sent by the medical doctor or the rider. The rider is responsible for the report to be sent.

(text modified on 1.02.13).

13.1.063 The prohibition under article 13.1.062 applies to any substance that is injected, whether endogenous or exogenous, whether prohibited under the UCI Anti-Doping Rules or not.

13.1.064 The prohibition under article 13.1.062 applies to any type of injection: intravenous, intramuscular, intraarticular, periarticular, peritendinous, epidural, intradermal, subcutaneous etc.

13.1.065 In case of a local injection of glucocorticosteroids, which is subject also to the Anti-Doping Rules and the Prohibited List, the rider must rest and is prevented from competing for **8 days**.

The medical doctor having prescribed the injection shall prescribe this rest in writing to the rider and add to the documentation referred to in article 13.1.062.1 a copy of such prescription signed by him/herself and the rider.

(text modified on 1.02.13).

13.1.066 In case of an injection of a prohibited substance, in addition to the requirements of articles 13.1.062 and 13.1.065, a Therapeutic Use Exemption remains required and the procedure foreseen in the Chapter IV of the Anti-Doping Rules has to be followed.

13.1.067 The following penalties shall be imposed in the event of an infringement of article 13.1.062:

suspension from eight days to six months and/or a fine of CHF 1,000 to CHF 100,000; in the case of a second offence within two years of the first: a suspension of at least six months or lifetime suspension and a fine of CHF 10,000 to CHF 200,000.

The penalties shall apply to any licence-holder found to have committed the violation or to be an accomplice; application of article 1.1.086 is reserved;

13.1.068 In addition to the sanctions stipulated in article 13.1.067 the following shall apply:

In case of infringement of article 13.1.065 all results obtained by the rider in the 48 hours period shall be disqualified.

In case a violation of article 13.1.062 occurs at a race the licence holder(s) concerned and, where appropriate, the whole team of the licence holder(s) at fault may be excluded from the race; in this respect the possession of objects used or fit for an injection shall be presumed to constitute evidence of a violation of article 13.1.062 having been committed except if the objects are in the possession of the medical doctor who has made the report referred to in article 13.1.062.5 and are covered by such report and except for those objects that may reasonably be in a medical doctor's possession. The exclusion may be decided by the president of the commissaires' panel after having given the persons concerned the opportunity to be heard or by the president of the disciplinary commission upon report by the president of the commissaires' panel.

13.1.069 At stage races expedited disciplinary proceedings may be conducted as determined by the president of the disciplinary commission.

13.1.070 The disposal of any material used for an injection shall conform to recognised safety standards.

**Chapter SPORTS DOCTORS**

- 13.2.001** Only doctors who hold a licence issued by a National Federation may be engaged or appointed by National Federations, Teams, sponsors, clubs, cycling associations, race organisers or any other cycling body to provide medical care to their respective riders.
- 13.2.002** 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.
- 13.2.003** The licence shall be issued by the National Federation of the country of residence of the doctor.
- 13.2.004** 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 13.2.010;
 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.
- 13.2.005** 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 13.2.004.
- 13.2.006** 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.
- 13.2.007** Any agreement or practice linking the pay of a sports doctor to the performance of a rider or riders shall be forbidden.
- 13.2.008** Any breach of the obligations imposed by these regulations shall be penalised by a suspension of between eight days and one year and/or a fine of between CHF 500 and CHF 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 CHF 1,000 and CHF 10,000.

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

- 13.2.009** Any contravention of article 13.2.001 or article 13.2.007 shall be penalised by a suspension of the body in question for between one month and one year and/or a fine of between CHF 1,000 and CHF 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 CHF 2,000 and CHF 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 international calendar, 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 24 to 254 and 280 to 291 of the Anti-Doping regulations. 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.

(text modified on 13.08.04).

13.2.010 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. Without prejudice to the anti-doping regulations, 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).

18: 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

19: criticism towards a fellow physician

19. The physician shall refrain from publicly criticising fellow-professionals who are treating a (top) athlete.

20-21: 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.

27: remuneration

27. The physician shall not accept any financial reward or gifts that are incommensurate with the usual fee.

28: 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.

29: 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.

30: 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.

31: 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.

**Chapter PARAMEDICAL ASSISTANTS****Definition**

13.3.001 The term Paramedical Assistant shall be taken to mean any person who, regularly, at the request or on the direct or indirect initiative of a National Federation, a 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.

Licence

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

13.3.003 The Paramedical Assistant's licence shall be issued by the competent National Federation. With the UCI authorisation, National Federations may create Paramedical Assistant's licences the validity of which may be limited to specific forms of care such as massage and physiotherapy.

13.3.004 The conditions for obtaining a licence as a Paramedical Assistant shall be set by National Federations. These conditions must ensure that such licences are issued only to those capable of offering quality assistance which respects the imperatives of health and, where necessary, the laws governing the practice of health professionals.

13.3.005 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 first paragraph in the article 13.3.001.

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

13.3.007 National Federations shall submit to the UCI:

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

Rules of conduct

13.3.008 The Paramedical Assistant shall respect and ensure the respect of the health imperatives of the rider health, sporting ethics and the regulations of the UCI and National Federations. He shall be subject to professional and medical secrecy.

13.3.009 The behaviour of the Paramedical Assistant shall serve as an example for the rider.

- 13.3.010** The Paramedical Assistant shall place the health of the rider before any interests of his 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.
- 13.3.011** The Paramedical Assistant 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.
- 13.3.012** The Paramedical Assistant shall confine his activity to such acts for which he has sufficient training and experience to guarantee their quality and safety.
- 13.3.013** Care shall be given according to the real needs of the rider. The Paramedical Assistant shall abstain from any treatment of an experimental nature.
- 13.3.014** The Paramedical Assistant 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.
- 13.3.015** The Paramedical Assistant shall be required to follow the instructions of a doctor when treating a sick or injured rider.
- 13.3.016** In particular, the Paramedical Assistant shall abstain from and oppose:
- any involvement in acts and methods prohibited under the UCI Anti-Doping regulations;
 - the use of any substances or procedures that artificially modify the constituents of the human body.

Fundamental rights of the rider

- 13.3.017** The Paramedical Assistant may not perform any act on the rider without the consent of the rider himself.
- 13.3.018** The Paramedical Assistant shall inform the rider of the nature and purposes of any treatment given and of its consequences.
- 13.3.019** The rider shall be entitled to know of any information about his health or his psychic or physical state that the Paramedical Assistant has recorded or has had recorded.
- 13.3.020** The Paramedical Assistant 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.

Penalties

- 13.3.021** Any breach by an Paramedical Assistant of the obligations deriving from the present regulations shall be punished by a suspension of at least eight days up to a maximum of one year and/or a fine of minimum CHF 500 to maximum CHF 5,000. In the case of a second breach being committed within two years of a first breach, the Paramedical Assistant shall be suspended for a minimum duration of six month or will be debarred for life and subjected to a fine of minimum CHF 1,000 up to maximum CHF 10,000.

13.3.022 Any person, club, Team, Federation or other organisation calling on the services of a person not holding an Paramedical Assistant's or doctor's licence for the purpose of caring for a rider as defined in article 1.1.128 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 CHF 750 up to maximum CHF 10,000. 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 CHF 1,500 up to maximum CHF 20,000.

13.3.023 The same penalties as referred to in article 13.3.022 shall be imposed on any licence-holders caring for riders without holding an Paramedical Assistant's or a doctor's licence or who are accessory to any breach committed by an Paramedical Assistant, in particular by inciting or forcing the Paramedical Assistant to commit acts counter to the present Regulations.

Procedure

13.3.024 Should the facts relate to a rider who, during the year in which the breach was committed, participates or has participated in international 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 224 to 254 and 280 to 291 of the Anti-Doping regulations. If the UCI does not avail itself of this right, the proceedings shall be conducted according to the regulations of the National Federation.

(text modified on 13.08.04).

IV

Chapter HEALTH BOOKLET

(Section introduced on 1.04.03).

- 13.4.001** Riders for UCI ProTeams and professional continental teams must hold a health booklet provided by the UCI. It is the responsibility of the rider to obtain a copy of the health booklet from the UCI.

The format and contents of the health booklet are determined by the Medical Commission.

(text modified on 25.09.08).

- 13.4.002** Riders must complete and make fill out their health booklet accurately and in full, in compliance with the indications carried in the booklet itself.

- 13.4.003** The rider or his Team doctor must make the health booklet available immediately on request to the UCI doctor, and, at antidoping controls, to the antidoping inspector or to persons conducting the test in accordance with Chapter VI of the Anti-Doping regulations.

(text modified on 13.08.04; 1.01.09).

- 13.4.004** Without prejudice to the application of Anti-Doping regulations, any failure to comply with obligations under the present section shall be penalised by a fine of between CHF 100 and CHF 2,500.

(text modified on 13.08.04).