



**MEDICAL SELF DECLARATION FORM**

**Required for ALL Competition Licence applications**

**Part 1: Applicants' Self Declaration – to be completed by the Competitor:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 City/Province: \_\_\_\_\_ Gender: M  F   
 Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Part 2: Applicants' Medical Self Declaration**

Have you been treated for, have you ever had, or have you now, any of the following: Yes, responses should be detailed on a separate sheet or the reverse of this page.

*use "x" to mark selection*

<b>Conditions:</b>	<b>Yes</b>	<b>No</b>
Frequent or severe headaches		
Unconsciousness for any reason		
Dizziness or fainting spells		
Epilepsy or Seizures		
Heart Trouble:		
Coronary Artery Disease or Angina		
Valve disease		
Abnormal Cardiac Rhythms		
High Blood Pressure		
Psychiatric/Mental Health Problems		
Operation(s) involving Eyes, Brain, Heart, Nerves, Blood Vessels, or Bones		
Allergies		
Eye trouble (except for glasses)		
Asthma		
Diabetes		
Anemia, or other blood diseases including abnormal bleeding		
Admission to a hospital in the past 12 months		
Amputations and/or Physical disability		
Previous denial(s) from CASC due to a medical reason(s)		
Date of last Tetanus Shot.		

**List all Medications (include dosage and frequency taken):**

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

**Part 3: Applicants' Declaration:**

1. I declare that the information regarding my present state of health is correct.
2. I agree to be examined by a physician as follows:
  - a. Following a racing incident that shows signs of a concussion.
  - b. Following any significant illness, injury or hospitalization.
  - c. Requested by RACE Events' management.
3. I give permission to any hospital, institution, paramedic or physician, to supply all medical information that could affect my racing capabilities to RACE Events.

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

Signed: \_\_\_\_\_