



**Part 1 – Applicants’ Information**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 City / Province: \_\_\_\_\_ M: \_\_\_\_\_ F: \_\_\_\_\_ Glasses: Y \_\_\_\_\_ N: \_\_\_\_\_  
 Date of Birth: D: \_\_\_\_\_ M: \_\_\_\_\_ Y: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 In Case of Emergency: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Part 2 – Applicants’ Medical Self-Declaration**

CONDITION	Yes	No
Heart Trouble:		
a) Coronary Artery Disease or Angina		
b) Valve Disease		
c) Abnormal Cardiac Rhythms		
High Blood Pressure		
Currently on blood thinner medication		
Asthma		
Diabetes		
Frequent or severe headaches		
Unconsciousness for any reason		
Dizziness or fainting spells		
Epilepsy or Seizures		
Anemia, or other blood diseases including abnormal bleeding		
Psychiatric/Mental Health Problems		
Eye trouble (except for glasses)		
Operation(s) involving Eyes, Brain, Heart, Nerves, Blood Vessels, or Bones		
Amputations and/or Physical disability		
Admission to a hospital in the past 12 months		
Previous denial(s) of a race license due to a medical reason(s)		
Date of last Tetanus Shot.		_____
Allergies – If yes, do any agents cause a reaction severe enough to require the use of medication and/or medical intervention. Please list these agents. _____ _____		

List all medications (include dosage and frequency taken)

\_\_\_\_\_

\_\_\_\_\_

**Part 3 – Applicants’ Declaration**

- I declare that the information regarding my present state of health, given to the examining physician is correct.
- I undertake not to use any substance included on the World Anti-Doping Agency list of prohibited substances and methods, which can be found here [www.wada-ama.org/en/prohibited-list](http://www.wada-ama.org/en/prohibited-list)
- I undertake to advise Western Canada Motorsport Association (WCMA) with delay of any significant change in my state of health
- I agree to be re-examined as follows:
  - Upon the expiration of my current medical as required by the current competition rules.
  - Following any significant illness, injury or hospitalization.
- I give permission to any hospital, institution, or physician, to furnish my medical information to WCMA or Western Canada Motorsport Association

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(If applicant is under the age of majority)