

Karting

Medical Self-Declaration for a Club Licence

Toronto Kart Club reserves the right to request a medical examination by a physician from a licence applicant at any time. Drivers shall not participate in any competition unless they meet, and continue to meet, the medical requirements of the club licence .

All Applicants:

At the time of application for a club licence, drivers shall submit a completed and signed Medical Self Declaration form. If the applicant is under the age of majority in the province of application the Medical Self Declaration must also be signed by a Parent/Guardian.

Competition Licence Applicant Information

Please PRINT in BLOCK letters

Name:	Age:
Address:	Date of Birth: Year: _____ Month _____ Day _____
City:	Occupation:
Province:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Postal Code:	Do you wear glasses or contacts: Yes <input type="checkbox"/> No <input type="checkbox"/>

Conditions	Yes	No
Frequent or severe headaches		
Unconsciousness for any reason		
Dizziness or fainting spells		
Epilepsy or Seizures		
Heart Trouble		
Coronary Artery Disease or Angina		
Valve disease		
Left Bundle Brach Block		
Abnormal Cardiac Rhythms		
High Blood Pressure		
Psychiatric/Mental Health Problems		
Operation(s) involving Eyes, Brain, Heart, Nerves, Blood Vessels, or Bones		

Conditions	Yes	No
Hay fever		
Eye trouble (except glasses)		
Asthma		
Diabetes		
Anemia, or other blood diseases including abnormal bleeding		
Admission to a hospital in the past 12 months		
Amputations / Physical disability		
Previous denial(s) of licence due to a medical reason(s)		
Any drug, narcotic or alcohol problems		
Illness(s) not mentioned here:		
Date of Last Tetanus shot:		

Any known medical conditions which could affect your ability to compete must be immediately reported to your club. Also, should your medical condition change you must be reported to your club.

Comments: _____

This is to certify that these statements are true and accurate. I also give permission to any hospital, institution, or physician, to furnish any information to Toronto Kart Club.

Applicant's Signature: _____ **Print name** _____ **Date:** _____

Signature of Parent/Guardian if applicant is under the age of majority:

Parent/Guardian Signature: _____ **Print name** _____ **Date:** _____