

2007 PERSONAL MEDICAL CERTIFICATE

NB. Please complete form in full. The Application will not be processed if this page is not completed in full and signed.

SURNAME: _____ FIRST NAME: _____

ADDRESS: _____ DATE OF BIRTH: _____

TEL NO. (H) _____ (W) _____ CELL _____

E-Mail: _____ IDENTITY NUMBER: _____ AGE: _____

(If over 50 Stress ECG Report Required every three 3 years)

CATEGORY OF SPORT: _____ SEX : MALE FEMALE

If Competitor is a minor the following details **must** be completed by the Guardian or Parent:

Full Name of Parent/Guardian: _____ I.D. Number: _____

Address: _____ : Contact Tel: _____ Contact Mobile: _____

I agree to my child being examined – SIGNATURE _____
Parent/Guardian

This section is compulsory and if incomplete – Licence will not be issued.

Have you been prohibited from participating in sport on medical grounds: Yes NO

If Yes please give details : _____

Do you or have you suffered from any of the conditions listed below. If you answer YES to any of the conditions below you **may** be excluded from obtaining a competition licence:

Loss of vision in one eye	YES/NO	Deafness in both ears with no balance problem	YES/NO
Traumatic Amputation of a limb	YES/NO	Paraplegia for co-drivers	YES/NO
Recent Cardiac Surgery	YES/NO	Uncontrolled Hypertension	YES/NO
Controlled Cardiac Arrhythmias	YES/NO	Type 1 and Type 2 Diabetes with complications	YES/NO
Recent Transplantation	YES/NO	Drug or Alcohol abuse	YES/NO
Current / recent chemotherapy or Radiation therapy	YES/NO		

If you answered YES to any of the above, please provide further details: _____

In accordance with the protocols of MSA's Anti-Doping Code all motorsport competitors should be aware that they may be tested for prohibited substances, both during and out of competition.

In accordance with this regulation I accept and understand that I may be tested for prohibited substances either during or out of competition. I further understand that, should I test positive on the samples submitted that I will be subject to disciplinary action as envisaged in the MSA Anti-Doping Code as prescribed by WADA.

NAME: _____ SIGNATURE: _____

NAME OF PARENT/GUARDIAN: _____ SIGNATURE: _____

In case of an emergency, I authorise qualified Medical or Paramedic Personnel to treat me. I agree to information on my medical condition being relayed to the CofC by the CMO/CMC, to my private Medical Practitioner, my team officials and my relatives.

I accept and understand all details listed above and understand that in the event that I produced false information on this form my licence will be revoked with immediate effect.

SIGNATURE: _____

DATE: _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

2007 - MEDICAL EXAMINATION FOR FITNESS TO COMPETE IN MOTORSPORT**Applicable to all Categories from Regional Level Upwards.****(TO BE COMPLETED AND SIGNED BY MEDICAL PRACTITIONER ONLY)**

SURNAME OF COMPETITOR: _____ FIRST NAME: _____ I.D. No. : _____

CATEGORY OF SPORT: _____ Licence Number (If renewing): _____ Date: _____

NOTE

- This form may only be completed by a Medical Practitioner registered with the Health Professionals Council of South Africa in a consulting room.
- Motorsport is dangerous. The MSA Medical Panel is responsible for ensuring that the competitor applying for a licence is physically and psychologically fit enough to control a motor vehicle, kart, motorcycle or quad at all times and will not endanger his/her own safety or that of other competitors. In the event of a query please contact the President of the Medical Panel in writing.
- The following conditions **may** exclude a competitor from obtaining a competition licence:

3.1	Loss of vision in one eye	3.7	Deafness in both ears with no balance problem
3.2	Traumatic Amputation of a limb	3.8	Paraplegia for co-drivers
3.3	Recent Cardiac Surgery	3.9	Uncontrolled Hypertension
3.4	Controlled Cardiac Arrhythmias	3.10	Type 1 and Type 2 Diabetes with complications.
3.5	Recent Transplantation	3.11	Current / recent chemotherapy or Radiation therapy
3.6	Drug or Alcohol abuse		

Cases of doubt must be referred to the MSA Medical Panel for a final decision.
- A full list of excluding medical conditions is contained in the MSA Medical Code.

Medical History

	NO	YES	DETAILS
Epilepsy or Loss of consciousness for any reason			
Recurrent dizziness or headache			
Impaired vision not corrected by lenses			
Asthma or other lung diseases			
Allergy to medication or other substances			
Type 1 or 2 Diabetes Mellitus			
Heart or Heart Valve Problems			
Hypo or Hypertension			
G.I.T. Problems			
Kidney Problems			
Head injury or concussion			
Mental nervous disorder			
Blood disorder or bleeding tendencies			
Do you take prescription medication: If Yes (what)			
Bone or Joint Injury or disease: If Yes (what)			
Other Illnesses/Operations: If Yes (what)			

Physical Examination

Weight _____ Height _____
 Pulse Rate _____ Beats /min _____ C.V.S. _____
 Blood Pressure _____ mmsHG _____ Abdomen _____
 Eyes L _____ R _____ Spine _____
 Colour Vision L _____ R _____ Musculo Skeletal system – Under Limbs (L) (R)
 Ear, Nose Throat _____ Lower Limbs (L) (R)
 Hearing L _____ R _____ Hands (L) (R)
 C.N.S. Central Peripheral L _____ R _____ Urine Dipstix _____
 Any other comments: _____

I, certify that this person is **FIT** to take part in all categories of motorsport
 I, certify that this person is **NOT FIT** to take part in any category of motorsport
 I, certify that this person is **FIT** to take part in a restricted category of motorsport Specify: _____

Name of Medical Practitioner: _____ Qualifications: _____ Practice Number: _____

HPCSA Reg. No: _____ Signature: _____ Contact Number: _____ Date: _____

NO LICENCE WILL BE ISSUED UNLESS THIS FORM IS COMPLETED IN FULL AND SIGNED AND STAMPED BY A REGISTERED MEDICAL PRACTITIONER (Applicable to all categories from Regional Championship and upwards)