



THE ISLAND CAR CLUB

Section 1 – Your details

Surname:

First names:

Address and postcode:

Postcode

Telephone numbers:

E-mail address:

Nationality: Date of birth

Are you: Male Female

If you have held, or hold at present any other Competition Licence please indicate

Nationality of licence held: Licence No

Section 2 – Medical information (must be completed by all competitors whether a medical is needed or not)

Doctor's name

Address:

Post code: Telephone No

Have you recently had a medical examination? (answer yes or no)

Have you been immunised against tetanus in the past 10 years?



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Have you been prescribed, or are you taking any of the substances shown in WADA listings (www.wada-ama.org)?

If "Yes" ask your doctor to complete the Therapeutic Use Exemption form.

Yes No

Do you have a physical problem with, or permanent difficulty in, using your arms and legs for driving? If "Yes" please give details below.

Yes No

Have you ever been treated for any of the following?

Severe psychiatric illness or mental disorder: Yes No

Diabetes: Yes No

Severe giddiness, fainting or blackouts: Yes No

High blood pressure: Yes No

Heart disease or heart disorder: Yes No

Epilepsy: Yes No

A severe head injury which led to concussion or unconsciousness:

Yes No

If "Yes" give details below (including details of medication and treatment you received or are receiving).

Have you ever had any disease or disorder of the eyes other than needing glasses or contact lenses? (If "Yes" give details below).

Yes No

Have you ever been refused life assurance for medical reasons?

If "Yes" give details below.

Yes No



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Section 3 – Your doctor’s medical report on you (to be completed by your doctor)

To your doctor

Please read through declarations in page 1 and 2 before completing this section for your patient whose name is on the front of this form

1. Your practice stamp (together with your name and qualifications)

2. Are you the applicant’s usual doctor? Yes No

3. Is there any evidence of abnormality of the heart or cardiovascular system? Yes No

If “Yes” give details below.

If the applicant is 45 or over and applying for an “International” licence, we need a written report on a stress related ECG.

4. Is there any evidence of a physical or mental condition (past or present) which could, in your opinion, prevent the applicant from holding a competition licence for motorsport? Yes No

If “Yes” give details below.

5. Does the applicant have any physical abnormality or restriction of movement in the arms or legs? If “Yes” give details below. Yes No

6. Vision – Uncorrected R eye / L eye /

Corrected R eye / L eye /

Vision with both eyes open (Wearing corrective lenses if necessary) /

Field of vision: /

Is the applicants colour vision normal? If “No” give details below. Yes No

7. Blood pressure /

8. Is the urine analysis normal? (If “No” give details below) Yes No

This is to certify that I have examined the applicant in line with this form.

Your doctor’s signature:

Date of examination: