

ASN Canada FIA

National Karting Medical Self Declaration

Part 1: Applicants' Information:

Name:				Age:		
Address:				Postal Code:		
City/Province:				Gender:	M <input type="checkbox"/>	F <input type="checkbox"/>
Date of Birth:	D:	M:	Y:	Height:	Weight:	
Wears Glasses: Yes <input type="radio"/> No <input type="radio"/>						

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.

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

Comments:

Part 3: Applicants' Declaration:

- I declare that these statements are true and accurate and acknowledge that ASN Canada FIA reserves the right to request a medical examination by a physician from a licence applicant at any time.
- 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 ASN Canada FIA.

Applicant Signature: _____

Date: _____ M: _____ D: _____ Y:

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

majority: Signature: _____

Date: _____ M: _____ D: _____ Y: