



# **MOTORSPORT - SOUTH AFRICA**

## **2006 MEDICAL CERTIFICATE Personal Details**

(To be completed by Competitor and/or Parent/Guardian)

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 Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

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

If Yes please give 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.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

**2006 - MEDICAL EXAMINATION FOR FITNESS TO COMPETE IN MOTORSPORT**  
(TO BE COMPLETED BY MEDICAL PRACTITIONER)

SURNAME OF COMPETITOR: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ I.D. No. : \_\_\_\_\_

CATEGORY OF SPORT: \_\_\_\_\_ Licence Number (If renewing): \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE**

1. This form may only be completed by a Medical Practitioner registered with the Health Professionals Council of South Africa in a consulting room.
2. 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.
3. 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	
4. **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 _____	C.V.S. _____
Blood Pressure _____	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: \_\_\_\_\_

**NO LICENCE WILL BE ISSUED UNLESS THIS FORM IS COMPLETED IN FULL AND SIGNED AND STAMPED BY A REGISTERED MEDICAL PRACTITIONER (Applicable for all full licences)**