

MEDICAL DECLARATION

(All applicants for a Competition Licence must complete the following)

1.	Name & Address of your regular Doctor:	ANSWER YES or NO 2 to 6
2.	Have you ever been rejected or accepted at increased premium for life insurance on medical grounds.	
3.	<p>Have you ever been treated for, do you now have, or have you ever had, any of the following:</p> <p>(a) Nervous breakdown, mental disease or disorder</p> <p>(b) Head injury with unconsciousness or concussion</p> <p>(c) Heart disease or disorder</p> <p>(d) High blood pressure</p> <p>(e) Diabetes</p> <p>(f) Dizziness, fainting spells, epilepsy, fits or blackouts</p> <p>(g) Have you ever had any disease, injury or operation to either eye.</p> <p>(h) Have you any abnormality of any part of the upper or lower limbs.</p> <p>(i) Any allergies</p> <p>If the answer to any of the above is YES please supply further details on a separate sheet.</p>	
4.	<p>Is your eyesight normal in both eyes?</p> <p>If the answer is NO - is your eyesight normal in both eyes with spectacles or other correction?</p>	
5.	If immunised against tetanus and state date _____	
6	Any other medical details or disability you think may be relevant to your application?	
If the answer to Questions 2, 3 or 6 is yes please supply further details on a separate sheet		

I certify that the statements made to the T.M.C regarding my psychological and physical condition, and any previous illnesses are true and accurate.

I understand that it is a requirement of my membership that I must inform the Membership Secretary of Tongham Motor Club immediately of any change in my medical condition that may occur throughout the current membership year and that I will also state any relevant details if I renew my membership in the future.

I undertake that I will not use any drug or substance considered to be illegal at any TMC event.

I authorise any hospital or medical practitioner to furnish information relative to my medical condition to the Membership Secretary of Tongham Motor Club. (TMC)

This form is held by TMC in the strictest confidence and will only be given to medial personnel if required.

Applicants Name _____ Race No _____

Applicants signature _____ Date _____