



**JAMAICA MILLENNIUM MOTORING CLUB**

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## MEDICAL SELF DECLARATION FORM for a Competition Licence Application

The JMMC reserves the right to request a medical examination by a physician from a licence applicant at any time.

Drivers shall not participate in any competition unless they meet, and continue to meet, the medical requirements of the competition licence as stated in the JMMC Regulations.

### Applicants up to age 50

At the time of application for a competition licence, drivers shall submit a completed and signed Medical Self Declaration form. If the applicant is under the age of majority the Medical Self Declaration must also be signed by a Parent/Guardian.

### Applicants 50 and older

All Licence applicants 50 years of age and older are required every two years to pass a medical examination by a physician.

### Applicants for International grades of Competition Licence

Applicants are required to pass an annual medical examination. International licence applicants 45 years of age and over must pass a stress-related electrocardiogram test initially and every 2 years thereafter.

## Competition Licence Applicant Information

Please PRINT in BLOCK letters

<b>Name:</b>	<b>Age:</b>
<b>Address 1:</b>	<b>Date of Birth:</b> Year: ____ Month ____ Day ____
<b>Address 2:</b>	<b>Occupation:</b>
<b>City:</b>	<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Parish:</b>	<b>Do you wear glasses or contacts:</b> Yes No <input type="checkbox"/> <input type="checkbox"/>

Conditions	Yes	No
Frequent or severe headaches		
Unconsciousness for any reason		
Dizziness or fainting spells		
Epilepsy or Seizures		
Heart Trouble		
Coronary Artery Disease or Angina		
Valve disease		
Left Bundle Brach Block		
Abnormal Cardiac Rhythms		
High Blood Pressure		
Psychiatric/Mental Health Problems		
Operation(s) involving Eyes, Brain, Heart, Nerves, Blood Vessels, or Bones		

Conditions	Yes	No
Hay fever		
Eye trouble (except glasses)		
Asthma		
Diabetes		
Anemia, or other blood diseases including abnormal bleeding		
Admission to a hospital in the past 12 months		
Amputations / Physical disability		
Previous denial(s) of licence due to a medical reason(s)		
Any drug, narcotic or alcohol problems		
Previous medical exception from ASN		
Illness(s) not mentioned here:		
Date of Last Tetanus shot:		

Any known medical conditions which could affect your ability to compete must be immediately reported to your club.

Comments: \_\_\_\_\_

This is to certify that these statements are true and accurate. I also give permission to any hospital, institution, or physician, to furnish any information to the JMMC.

**Applicant's Signature:** \_\_\_\_\_ **Print name** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian if applicant is under the age of majority:**

**Parent/Guardian Signature:** \_\_\_\_\_ **Print name** \_\_\_\_\_ **Date:** \_\_\_\_\_