



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

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

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

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

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: