

South Saskatchewan Kart Club

Medical Self Declaration

Part 1: Applicants' Information:

Name: _____ Age: _____

Address: _____ Postal Code: _____

City/Province: _____ Gender: M F

Date of Birth: D: _____ M: _____ Y: _____ Height: _____ Weight: _____

Wears Glasses: Yes No

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 SSKC due to a medical reason(s)	<input type="radio"/>	<input type="radio"/>
Date of last Tetanus Shot.		

List all Medications (include dosage and frequency taken):

Part 3: Applicants' Declaration:

1. I declare that the information regarding my present state of health, given to the examining physician is correct.
2. I agree to be re-examined as follows:
 - a. Upon the expiration of my current medical as required by the current competition rules.
 - b. Following any significant illness, injury or hospitalization.

3. I give permission to any hospital, institution, or physician, to furnish my medical information to the South Saskatchewan Kart Club.

Applicant Signature: _____ Date M _____ D _____ Y

Signature of Parent/Guardian if applicant is under the of majority:
_____ Date M _____ D _____ Y