



Medical History Self-Declaration for an ASN Canada FIA Competition Licence

All National Licence applicants are required to pass a medical examination by a physician as follows:

- At the time of a first-time licence application if no previous medical examination has been done or a medical examination is due.
- Every five (5) years for applicants 11 to 35 years of age.
- Every two (2) years for applicants 36 to 59 years of age.
- Every year for applicants 60 years of age and older.
- Applicants require a medical self-declaration (this form) in the years in which a medical examination by a physician is not required.
- ASN Canada FIA reserves the right to request a medical examination by a physician from a licence applicant at any time.

Applicants for International grades of Competition Licence 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: _____	Age: _____
Address: _____	Date of Birth: _____
City/Province: _____	Postal Code: _____
Occupation: _____	Gender: M <input type="checkbox"/> F <input type="checkbox"/>

Applicant's Medical Self-Declaration

Have you been treated for, have you ever had, or have you now, any of the following: (Yes responses should be explained on a separate sheet and attached when submitted)

Conditions:	Yes	No	Conditions:	Yes	No
Frequent or severe headaches			Hay fever		
Unconsciousness for any reason			Eye trouble (except glasses)		
Dizziness or fainting spells			Asthma		
Epilepsy or Seizures			Diabetes		
Heart Trouble			Anemia, or other blood diseases including abnormal bleeding		
Coronary Artery Disease or Angina			Admission to a hospital in the past 12 months		
Valve disease			Amputations / Physical disability		
Left Bundle Branch Block			Previous denial(s) from ASN due to a medical reason(s)		
Abnormal Cardiac Rhythms			Any drug, narcotic or alcohol problems		
High Blood Pressure			Previous medical exception from ASN		
Psychiatric/Mental Health Problems			Illness(s) not mentioned here:		
Operation(s) involving Eyes, Brain, Heart, Nerves, Blood Vessels, or Bones					

Date of last Tetanus: _____

Any known medical conditions which could affect your ability to compete must be immediately reported to ASN Canada FIA

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 ASN Canada FIA.

Applicant's Signature: _____ Print name _____ Date: _____

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

Parent/Guardian Signature: _____ Print name _____ Date: _____