



2025 GOODWOOD KARTWAYS MEDICAL SELF-DECLARATION

Competition License Applicant Information

Please Print: Make sure you fill in all required information and ensure writing is legible.

NAME:		D.O.B:
-------	--	--------

ADDRESS:	TOWN/CITY, PROVINCE:
----------	----------------------

POSTAL CODE:	AGE:	GENDER:
--------------	------	---------

OCCUPATION:

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

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		
High Blood Pressure		
Psychiatric/Mental Health Problems		
Operation(s) involving eyes, brain, heart, nerves, vessels or bones		
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/Physcial disability		
Previous denial(s) from competition due to a medical reason		
Any drug, narcotic or alcohol problems		

Illness(s) not mentioned here:

Date of last Tetanus:

This is to certify that these statements are true and accurate.

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