BMF
BARBADOS MOTORING FEDERATION INC.

MEDICAL SELF DECLARATION FORM

Surname		First		Middle initial	
ID #		Address			
Competition Lic #					
Date of Birth					
Male		Telephone - Work		Telephone - Home	
Female		Cell			

Doctors Name			
AŘdress			
		Telephone	

For each question, in this box, that is answered 'yes' you will need a doctor's certificate that qualifies you as fit to compete in high speed motor competitions

			If yes - give details below:-
Are you taking any drugs on a regular basis	yes	no	
Do you have a physical problem with, or permanent difficulty in using your arms of legs?	yes	no	
Have you ever been treated for any of the following?			
- a severe psychiatric illness or mental disorder	yes	no	
- heart disease or a heart disorder	yes	no	
- high blood pressure	yes	no	
- diabetes	yes	no	
- severe giddiness, fainting spells or blackouts	yes	no	
- epilepsy	yes	no	
- a severe head injury which led to concussion or unconsciousness	yes	no	
- any eye disease or disorder other than needing glasses or contact lenes	yes	no	
- have you ever been refused life assurance for medical reasons	yes	no	

			If yes state prescription/difficulties/problems/allergies
Do you use Prescription eyewear	yes	no	
Do you have hearing difficulties	yes	no	
Do you have respiratory problems	yes	no	
Do you have any allergies	yes	no	

DECLARATION: I/We confirm that the above information is true and correct to the best of my/our knowledge. And that at any time during the competition year should this information change we will advise the BMF as soon as possible

Signature of applicant

signature of Guardian (if applicable)

Name of Guardian:

Contact tel. #:

Guardian relationship: