

MEDICAL DECLARATION

(All applicants for a Competition Licence must complete the following)

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|---|---|---|----------|--|----------|---|----------|------------------------------------|----------|------------------------------|----------|-------------------|----------|--|----------|--|----------|---|----------|------------------------|----------|
| 1. | Name & Address of your regular Doctor: _____ _____ _____ _____ POST CODE: _____ | | | | | | | | | | | | | | | | | | | | |
| 2. | Have you even been rejected, or accepted at increased premium, for life insurance on medical grounds? Yes / No | | | | | | | | | | | | | | | | | | | | |
| 3. | <table style="width: 100%; border: none;"> <tr> <td style="padding: 5px;">Have you ever been treated for, now have, or have you ever had, any of the following?</td> <td style="padding: 5px; text-align: right;">Yes / No</td> </tr> <tr> <td style="padding: 5px;">(a) Nervous breakdown, mental disease or disorder.....</td> <td style="padding: 5px; text-align: right;">Yes / No</td> </tr> <tr> <td style="padding: 5px;">(b) Head injury with unconsciousness or concussion.....</td> <td style="padding: 5px; text-align: right;">Yes / No</td> </tr> <tr> <td style="padding: 5px;">(c) Heart disease or disorder.....</td> <td style="padding: 5px; text-align: right;">Yes / No</td> </tr> <tr> <td style="padding: 5px;">(d) High blood pressure.....</td> <td style="padding: 5px; text-align: right;">Yes / No</td> </tr> <tr> <td style="padding: 5px;">(e) Diabetes.....</td> <td style="padding: 5px; text-align: right;">Yes / No</td> </tr> <tr> <td style="padding: 5px;">(f) Dizziness, fainting spells, epilepsy, fits or blackouts.....</td> <td style="padding: 5px; text-align: right;">Yes / No</td> </tr> <tr> <td style="padding: 5px;">(g) Have you ever had any disease, injury or operation to either eye....</td> <td style="padding: 5px; text-align: right;">Yes / No</td> </tr> <tr> <td style="padding: 5px;">(h) Have you any abnormality of any part of the upper or lower limbs...</td> <td style="padding: 5px; text-align: right;">Yes / No</td> </tr> <tr> <td style="padding: 5px;">(i) Any allergies.....</td> <td style="padding: 5px; text-align: right;">Yes / No</td> </tr> </table> | Have you ever been treated for, now have, or have you ever had, any of the following? | Yes / No | (a) Nervous breakdown, mental disease or disorder..... | Yes / No | (b) Head injury with unconsciousness or concussion..... | Yes / No | (c) Heart disease or disorder..... | Yes / No | (d) High blood pressure..... | Yes / No | (e) Diabetes..... | Yes / No | (f) Dizziness, fainting spells, epilepsy, fits or blackouts..... | Yes / No | (g) Have you ever had any disease, injury or operation to either eye.... | Yes / No | (h) Have you any abnormality of any part of the upper or lower limbs... | Yes / No | (i) Any allergies..... | Yes / No |
| Have you ever been treated for, now have, or have you ever had, any of the following? | Yes / No | | | | | | | | | | | | | | | | | | | | |
| (a) Nervous breakdown, mental disease or disorder..... | Yes / No | | | | | | | | | | | | | | | | | | | | |
| (b) Head injury with unconsciousness or concussion..... | Yes / No | | | | | | | | | | | | | | | | | | | | |
| (c) Heart disease or disorder..... | Yes / No | | | | | | | | | | | | | | | | | | | | |
| (d) High blood pressure..... | Yes / No | | | | | | | | | | | | | | | | | | | | |
| (e) Diabetes..... | Yes / No | | | | | | | | | | | | | | | | | | | | |
| (f) Dizziness, fainting spells, epilepsy, fits or blackouts..... | Yes / No | | | | | | | | | | | | | | | | | | | | |
| (g) Have you ever had any disease, injury or operation to either eye.... | Yes / No | | | | | | | | | | | | | | | | | | | | |
| (h) Have you any abnormality of any part of the upper or lower limbs... | Yes / No | | | | | | | | | | | | | | | | | | | | |
| (i) Any allergies..... | Yes / No | | | | | | | | | | | | | | | | | | | | |
| 4. | Is your eyesight normal in both eyes? (If the answer is NO – is your eyesight normal in both eyes with spectacles or other correction?) Yes / No | | | | | | | | | | | | | | | | | | | | |
| 5. | Have you received immunisation against tetanus? (If the answer is YES then please state date of last immunisation: ____/____/_____) Yes / No | | | | | | | | | | | | | | | | | | | | |
| 6. | Any other medical details or disabilities you think may be relevant to your application? Yes / No | | | | | | | | | | | | | | | | | | | | |
| IF THE ANSWER TO QUESTIONS 2, 3 OR 6 IS YES, PLEASE SUPPLY FURTHER DETAILS ON A SEPARATE SHEET ATTACHED TO THIS DECLARATION. | | | | | | | | | | | | | | | | | | | | | |

The above information including the questions as to your health and ability may be used by Tongham Motor Club (TMC) in the course of attending to your safety whilst you are at a Club event. This information may be shared with medical personnel, but will not be shared with any other third party. Please tick one of the boxes below;

I consent to this data being used in this way / I object to my data being used this way

All such personal information, whether held on computer, paper or other media, will be obtained, handled, processed, transported and stored lawfully and correctly, in line with our Data Privacy Policy which can be found at www.TonghamMotorClub.co.uk.

I certify that the statements made to Tongham Motor Club regarding my psychological and physical condition, and any previous illnesses are true and accurate.

I understand that it is a requirement of my membership that I must inform the Membership Secretary of Tongham Motor Club immediately of any change in my medical condition that may occur throughout the current membership year and that I will also state any relevant details if I renew my membership in the future.

I undertake that I will not use any drug or substance considered to be illegal at any TMC event.

I authorise any hospital or medical practitioner to furnish information relative to my medical condition to the Membership Secretary of Tongham Motor Club.

This form is held by TMC in the strictest confidence and will only be given to medical personnel if required.

Applicants Name (Printed): _____ Race No: _____

Applicants signature: _____ Date: ____/____/____