

2012 - DECLARATION FOR FITNESS TO COMPETE IN MOTORSPORT

MOTORSPORT IS DANGEROUS

1. The MSA Medical Panel is responsible for ensuring that the competitor applying for a licence is physically and psychologically fit enough to control a motor vehicle, kart, motorcycle or quad at all times and will not endanger his/her own safety or that of other competitors. In the event of a query please contact the President of the Medical Panel in writing.
2. Regular participation in/or attendance of motorsport events may result in hearing loss. Competitors, service crews, families and officials must be aware that it is their responsibility to protect their hearing by wearing protective devices.
3. The following conditions may exclude a competitor from obtaining a competition licence:

3.1 Amputation of a limb	3.7 Neurological disorders
3.2 Loss of vision	3.8 Epilepsy and/or Convulsions
3.3 Deafness	3.9 Current / recent chemotherapy or Radiation therapy
3.4 Diabetes (Type 1 and Type 2)	3.10 Recent Transplantation
3.5 Cardiovascular Disease, Arrhythmias, Hypertension	3.11 Drug or Alcohol abuse
3.6 Recent Cardiac Surgery	3.12 Use of banned substances (refers SAIDS & WADA)

This list is an example and is not fully inclusive. A full list of excluding medical conditions is contained in the MSA Medical Code (Appendix L)
4. **Cases of doubt must be referred to the MSA Medical Panel for a final decision.**

MEDICAL HISTORY

Do you suffer from or have you ever suffered from any of the following disorders:

	YES	NO		YES	NO
1. Epilepsy or Loss of consciousness for any reason			13. G.I.T. (gastrointestinal) Problems		
2. Hemiparesis, Hemiplegia or Paraplegia			14. Kidney Problems		
3. Recurrent dizziness or headache			15. Type 1 or 2 Diabetes Mellitus		
4. Head injury or concussion			16. Any blood disorder or Bleeding tendencies		
5. Mental nervous disorder			17. Bone or Joint Injury or disease		
6. Impaired vision in one or both eyes			18. Amputation of part of or an entire limb		
7. Deafness in both ears			19. Cancer or Organ transplantation		
8. Heart or Heart Valve problems			20. Any other illnesses		
9. Hypo or Hypertension			21. Any Operations within the past 5 years		
10. Any other cardiovascular problem			22. Do you take prescription medication		
11. Asthma			23. Allergy to medication or other substances		
12. Any other chest / respiratory problem			24. <i>Have you ever been prohibited from participating in any form of sport on medical grounds?</i>		

If you answered YES to any of the above questions, please provide full details for each numbered, including the dates of diagnosis or injury and attach to the declaration of fitness form, you will also be required to provide medical reports.

In addition, if you have answered YES to any of the above questions, please provide a Medical Certificate from your attending Specialist or Doctor. Failure to provide the necessary certificate will preclude the issuing of a licence, may result in the revoking of your licence due to non-compliance and may render any claims null and void by the MSA Insurers.

In accordance with the protocols of MSA's Anti-Doping Code all motorsport competitors should be aware that they may be tested for prohibited substances, both during and out of competition. In accordance with this regulation I accept and understand that I may be tested for prohibited substances either during or out of competition. I further understand that, should I test positive on the samples submitted that I will be subject to disciplinary action as detailed in the MSA Anti-Doping Code as prescribed by WADA.

DECLARATION AND UNDERTAKING BY COMPETITORS (driver and rider)

Every competitor shall sign the following declaration and undertaking:

1. I the undersigned _____ hereby undertake to notify MSA, prior to any event that I intend participating in, and as soon as possible after becoming aware of any condition or disability or any other medical or any other condition which I am suffering from, whether permanent or temporary, which may have an effect or impair my ability and competency to participate in such event or which may impair my ability to control the vehicle I intend competing in.
2. I further undertake not to participate in such event unless MSA has, following such notification, granted me express consent to participate in such event.
3. I further declare that, notwithstanding the issuing of a competition license to me by MSA, I am aware that it is my responsibility to refrain from participating in any event under circumstances where I suffer from any condition or disability or any other medical or any other condition which may have an effect or impair my ability and competency to participate in such event, or which may impair my ability to control the vehicle I intend competing in or which may endanger any person's safety, including my own safety.
4. I declare that to the best of my belief, I possess the standard of competency required to participate in any event and that the vehicle that I shall be participate in shall be race worthy.
5. I declare that any vehicle in which I participate in, shall comply with the relevant regulations and specifications pertaining to the event and category for which it is entered and I accept and am aware that, subject to my rights of protest and appeal, if my vehicle is found to be non compliant with said regulations and specifications, action may be taken against me as participant in accordance with the provisions of MSA'S regulations.

I accept and understand all details listed above and further understand that in the event that I have produced false information on this form my licence will be revoked with immediate effect, and that I will be personally responsible for any or all action instituted against me as a result of having provided false information. I certify that I am physically and psychologically FIT to take part in all categories of motorsport and should it be found that I am not fit I confirm that I accept that the Insurers will not entertain any claims submitted by myself

SIGNATURE OF COMPETITOR: _____

DATE: _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

(If competitor is under age)