



Medical Clearance to Race Karts

Doctor's Name:		Phone Number:	
Address:			

Having Examined

Patient's Name:			
Address:			
Email:		Phone Number:	

Does the patient suffer from any of the following:

Cardiovascular disease, heart disorders or Arrhythmia	Y	N	Respiratory disease or Asthma	Y	N
Epilepsy, Seizures, Stroke, Fainting?	Y	N	Headaches, previous head injury or concussion	Y	N
Psychological or Mental Health issues (including ADHD, schizophrenia or significant psychomotor impairment)	Y	N	Diabetes	Y	N
Visual Impairment NOT corrected by glasses/contact lenses	Y	N	Impaired use or movement of any limb, joint, hand or foot which might impair or compromise control of a kart	Y	N

Medication – Is the patient using any medication that may impair the ability to drive a kart or banned for use in motor sport? If yes, please advise of details below

Any other relevant medical information, previous injuries or further details regarding statements above?

I understand the patient is applying to race / practice in karts, am of the opinion that that they are (select one):

FIT	UNFIT	UNABLE TO COMMENT
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to suitably control a kart.

Signature:		Date:	
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Doctor's Stamp: