Applicant's Medical History

(To be completed by Applicant)

Applicant: For the purpose of obtaining a SCCA Competition License, complete this page legibly and in its entirety. Failure to complete the information will delay processing of your license. The examining physician must complete the second page of this form.

Member # _____

Name: _____ Age: _____ Date of Birth: _____

Address: _____ City, St, Zip: _____

Email Address: _____ Occupation: _____

Phone: (H) _____ (W) _____ (C) _____

Personal Physician: _____ Phone: _____

Address: _____ City, St, Zip: _____

PLEASE INDICATE IF YOU EVER HAD, OR HAVE NOW, ANY OF THE FOLLOWING:

Do You Have or Have You Ever Had?	Yes	No
Frequent or severe headaches		
Unconsciousness for any reason		
Dizziness or fainting spells		
Epilepsy or seizures		
Coronary artery disease or angina		
Heart valve disease		
Left Bundle Branch Block (heart)		
Abnormal cardiac rhythms		
High Blood pressure		
Operation(s) on brain		
Operation(s) on heart		
Operation(s) on eyes, nerves, blood Vessels, or bone		
Previous waiver(s) from SCCA, NASA, or other sanctioning body for medical condition(s) list:		

Do You Have or Have You Ever Had?	Yes	No
Any drug, narcotic, or alcohol problems		
Psychiatric/mental health problems		
Eye trouble (except glasses)		
Asthma		
Diabetes requiring insulin		
Anemia or other blood diseases Including abnormal bleeding		
Admission to a hospital in the past 12 months for any reason		
Allergy(s) to medications List:		
Routine use of Pain Medication		
Amputations/physical disability		
Illness(es) not listed above List:		
Do you require the use of supplemental oxygen or other external breathing device?		
Previous denial(s) from SCCA, NASA, or other sanctioning body due to Medical reasons		

Blood Thinner Medication (circle) YES NO

Comments and details of any condition noted above (Use the fourth page for any explanations that do not fit here) Medication Used (including eye drops) _____

_____

Members Signature_____ **Date** _____

SCCA Member Services - P.O. Box 299, Topeka, KS 66601-0299 Fax: 785-232-7213 E-Mail: membership@scca.com

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