COMPETITOR MEDICAL INFORMATION FORM

You are requested, in your own interest, to complete this document, which will be hed at Race Control for use by the Chief Medical Officer

2020 COMPETITOR'S PERSONAL DETAILS

COMPETITION NO:		MSA LICENCE NO:	
SURNAME:		ID/PASSPORT NO:	
FULL FIRST NAME(S):			
RESIDENTIAL ADDRESS:			

HOME TEL NO:		WORK TEL NO:		CELL NO:	

CONTACT PERSON IN THE EVENT OF AN EMERGENCY

NAME:			RELATIONSHIP (i.e. Wife, etc.)		
HOME TEL NO:		WORK TEL NO:		CELL NO:	

MEDICAL AID / MEDICAL INSURANCE DETAILS FOR HOSPITAL ADMISSION PURPOSES

I hereby agree to be attended to by doctors/paramedics if I am injured and wish to be transported to the type of hospital indicated. ***PLEASE NOTE THAT IF YOU HAVE INDICATED THAT YOU WISH TO BE TREATED AT A PRIVATE FACILITY IT IS ESSENTIAL THAT YOU COMPLETE THE FOLLOWING SECTION AND PROVIDE PROOF OF MEDICAL AID / MEDICAL INSURANCE TO GUARANTEE YOUR ADDMISSION TO A PRIVATE FACILITY FAILING WHICH YOU WILL BE TRANSPORTED TO THE NEAREST APPROPRIATE FACILITY***	**PRIVATE**	**STATE**
Do you currently hold MSA Competitors' Insurance?	**YES**	**NO**

MEDICAL AID SCHEME NAME:		TYPE OF SCHEME:	
MEMBERSHIP NUMBER:		PRINCIPAL MEMBER:	
PERSONAL (HOME) DOCTOR:		CONTACT NUMBER:	

COMPETITOR MEDICAL INFORMATION

MEDICATION/MEDICAL CONDITION(S):					
ALLERGIES:			BLOOD GROUP (IF KNOWN)		
HAVE YOU SUSTAINED A RECENT INJURY /ILLNESS:	**YES**	**NO**	IF YES, HAVE YOU BEEN CLEARED AS MEDICALLY FIT TO COMPETE?	**YES**	**NO**

WERE YOU INJURED IN YOUR LAST EVENT? – IF YES WHAT INJURIES DID YOU SUSTAIN:

I/WE HAVE READ AND UNDERSTOOD GCR's 93, 113, 118, 121, 122, 127 AND 138 OF THE MSA HANDBOOK AND SIGNIFY MY/OUR AGREEMENT TO ABIDE BY THESE RULES BY SIGNING THIS ENTRY FORM.

COMPETITOR:	**(Signature)**	PARENT/LEGAL GUARDIAN IF UNDER 21 YEARS OF AGE	**(Signature)**