



**MEDICAL HISTORY FORM**  
(To be completed by the applicant)



Personal Data:

Name:		First name:		Date of birth	
Address:					
Sex	male	female	FMN:		AMA / CMA

No	Yes	Details
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Loss of consciousness for any reason dizziness or headache

Eye problems (except glasses)

Asthma

Allergy to medicines or drugs

Concussions (number/date)

Diabetes

Heart problems

Blood pressure disorder

Stomach problems (ulcer, etc)

Uro-genital problems

Epilepsy or convulsions

Mental or nervous disorder

Problems with arms or legs incl, muscle cramp or joint stiffness

Blood disorder with tendency to bleeding

Blood type

Operations (fractures/hardware)

Do you take any medicine or drugs regularly?

- a. I have not been banned on medical grounds, from taking part in any other sport.
- b. I do not take drugs and do not abuse alcohol.
- c. In case of an injury, I give permission to the Medical Staff to release any relevant information to the clerk of the course, my relatives, my own doctor, MotoAmerica and the AMA.
- d. I declare that the information that I have given is the truth.
- e. I agree to the information on the Medical Examination Form being sent to MotoAmerica and the AMA.

Date

Signature of applicant (or responsible Parent or Guardian if a minor)