

JSRA MEDICAL SELF DECLARATION CERTIFICATE

PART A. MEDICAL DECLARATION – To be completed by applicant and signed at bottom of form.

Surname:	Age:
First Names in Full:	Date of Birth: Sex:
Address:	
Post Code:	

The following questions must be answered by all applicants for a JSRA licence:

1. Name and address of your regular Doctor

(NOTE: DO NOT FORGET TO USE THE ENCLOSED THERAPEUTIC EXEMPTION FORM IF YOU REQUIRE IT)

	Continuation of questions for applicant:	YES OR NO
2	Have you ever been rejected, or accepted at increased premium, for life insurance on medical grounds?	
3	Have you ever been treated for or do you now have, or have ever had any of the following medical problems	
	(i) Nervous breakdown, mental disease or disorder?	
	(ii) Head injury associated with unconsciousness or concussion, of which required a stay in hospital for observation or investigation?	
	(iii) Heart disease or disorder or conditions causing shortness of breath on exertion?	
	(iv) High Blood Pressure requiring investigation or treatment?	
	(v) Diabetes?	
	(vi) Epilepsy (when sleeping or awake), fits, dizziness (vertigo), fainting attacks or blackouts of any duration?	
	(vii) Disease of or injury or operation to either eye?	
	(viii) Have you any abnormality or restriction of power or range of movement of any arm or leg or of the Cervical (neck) (Spine)?	
4	(i) Is your eyesight normal in both eyes?	
	(ii) If the answer to 4(i) is No, is your eyesight normal with spectacles or other correction? When driving (racing) with correction do you wear GLASSES/CONTACT LENSES? (delete as applicable)	
5	Are you taking any medication on a regular basis (prescribed or non-prescribed)?	
	If so, please declare under Extra Medical Information, the condition being treated and the nature of the medication and provide a copy of a valid medical prescription.	
	NOTE: Please answer all questions in the end column Yes or No – your licence may be delayed if this form has to be returned to you for completion. If YES to any part of questions, 2, 3 & 5, please supply full details on a separate sheet.	

EXTRA MEDICAL INFORMATION

If you wish to add to the simple Yes or No answers opposite, please make reference to the relevant section and comment on a separate sheet giving details of Hospital or Consultant (Specialist) with dates if possible.

I declare that the statements made to the JSRA in Part A regarding my physical and mental condition and any previous injury or illness is true and accurate. I further declare that if subsequent to being granted a licence I should suffer any illness or accident which might be liable to affect its validity I will declare this to the JSRA so that the JSRA can consider whether I should take part in subsequent competition.

(If information is withheld, misleading or false, you may be liable to suspension of your JSRA licence and your insurance protection will be invalidated).

I authorise any hospital or medical practitioner to provide information relating to my medical condition to the JSRA Medical Officer for the purpose only of helping that Doctor decide if I am fit to undertake personal watercraft racing.

Signature of Applicant:	Date:
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