



Medical History Self-Declaration For CACC Competition Licence

Licence Applicants are required to pass a medical examination by a physician as follows:

- At the time of a first-time licence application if no previous medical examination has been done or a medical examination is due.
- Every five (5) years for applicants 11 to 35 years of age
- Every two (2) years for applications 36 to 59 years of age
- Every year for applicants 60 years of age and older

Applicants require a medical self-declaration (this form) every year.

CACC reserve the right to request a medical examination by a physician from a licence applicant at any time.

It is recommended CACC licence applicants 45 years of age and over pass a stress-related electrocardiogram test initially and every 2 years thereafter.

Applicant Information Please PRINT in BLOCK letters

Name:	Age:
Address:	Date of Birth: Year: _____ Month: _____ Day: _____
City:	Occupation:
Province:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Postal Code:	Do you wear glasses or contacts: Yes <input type="checkbox"/> No <input type="checkbox"/>

Applicant Medical Self-Declaration

Conditions	Yes	No	Conditions	Yes	No
Frequent or severe headaches			Hay fever		
Unconsciousness for any reason			Eye trouble (except glasses)		
Dizziness or fainting spells			Asthma		
Epilepsy or Seizures			Diabetes		
Heart Trouble			Anemia, or other blood diseases including abnormal bleeding		
Coronary Artery Disease or Angina			Admission to a hospital in the past 12 months		
Valve disease			Amputations / Physical disability		
Left Bundle Branch Block			Previous denial(s) of licence due to a medical reason(s)		
Abnormal Cardiac Rhythms			Any drug, narcotic or alcohol problems		
High Blood Pressure			Previous medical exception from CACC		
Psychiatric/Mental Health Problems			Illness(s) not mentioned here:		
Operation(s) involving Eyes, Brain, Heart, Nerves, Blood Vessels, or Bones			Date of Last Tetanus shot:		

Any known medical conditions which could affect your ability to compete must be immediately reported to CACC.

Comments: _____

This is to certify that these statements are true and accurate. I also give permission to any hospital, institution, or physician, to furnish any information to CACC.

Applicant's Signature: _____ **Print name** _____ **Date:** _____

Signature of Parent/Guardian if applicant is under the age of majority:

Parent/Guardian Signature: _____ **Print name** _____ **Date:** _____