



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 # 2486978
 Name: The Stig Age: 18 Date of Birth: 01/01/2001
 Address: 463 Southpoint Circle City, St, Zip: Brownsburg, IN 46112
 Email Address: thestig@sccapro.com Occupation: Race car driver & student
 Phone: (H) 317-555-6851 (W) _____ (C) _____
 Personal Physician: Dr. John Smith Phone: 317-555-5684
 Address: 463 Southpoint Circle City, St, Zip: Brownsburg, IN 46112

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		X
Unconsciousness for any reason		X
Dizziness or fainting spells		X
Epilepsy or seizures		X
Coronary artery disease or angina		X
Heart valve disease		X
Left Bundle Branch Block (heart)		X
Abnormal cardiac rhythms		X
High Blood pressure		X
Operation(s) on brain		X
Operation(s) on heart		X
Operation(s) on eyes, nerves, blood Vessels, or bone		X
Previous waiver(s) from SCCA, NASA, or other sanctioning body for medical condition(s) list:		X

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

Don't forget your list!

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) Allegra for allergies

Members Signature

Date 11/26/19

Remember to sign!

