STANDARD MEDICAL EXAMINATION & FITNESS CERTIFICATE

MOTORSPORTS KENYA FEDERATION

STANDARD MEDICAL EXAMINATION & FITNESS CERTIFICATE

TO BE COMPLETED BY COMPETITORS AND OFFICIALS SEEKING A LICENSE AND ATTESTED / WHERE APPLICABLE COMPLETED BY A CERTIFIED MEDICAL PROFFESSIONAL / INSTITUTION

GENERAL INFORMATION

This Medical Examination Form forms part of an application for a Motorsports Kenya Federation Competition Licence.

This examination must be completed by a registered and licensed Medical Practitioner.

Completion of this form does not guarantee that a Competition Licence will be issued.

The Federation reserves the right to require additional medical investigations or specialist reports.

PART A – APPLICANT DETAILS

FIELD	INFORMATION
Full Name	
Date of Birth	
Age	
Gender	☐ Male. ☐ Female
Nationality	
National ID / Passport No.	
Blood Group	

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Postal Address	
Telephone	
Email	
Discipline	☐ Rally ☐ Rallycross ☐ Autocross+ ☐ Raid ☐ Tarmac
	☐ Karting ☐ 4 x 4 ☐ Official / Marshall
Licence Applied For	
Emergency Contact Name	
Relationship	
Emergency Contact Telephone	

PART B – MEDICAL HISTORY

QUESTION	YES	NO	DETAILS
High Blood Pressure	☐	☐	_____
Heart Disease	☐	☐	_____
Heart Surgery/Pacemaker	☐	☐	_____
Chest Pain During Exercise	☐	☐	_____
Diabetes	☐	☐	_____
Asthma/Chronic Lung Disease	☐	☐	_____
Epilepsy/Seizures	☐	☐	_____
Loss of Consciousness/Fainting	☐	☐	_____
Concussion (Last 12 Months)	☐	☐	_____
Stroke/Neurological Disorder	☐	☐	_____
Significant Head Injury	☐	☐	_____
Visual Impairment	☐	☐	_____

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QUESTION	YES	NO	DETAILS
Hearing Impairment	☐	☐	_____
Kidney Disease	☐	☐	_____
Liver Disease	☐	☐	_____
Psychiatric Illness	☐	☐	_____
Musculoskeletal Injury Affecting Driving	☐	☐	_____
Alcohol or Drug Dependency	☐	☐	_____
Disability Affecting Safe Participation	☐	☐	_____

Current Prescription Medication:

Previous Surgery (Last 12 Months):

Allergies:

Any Other Relevant Medical Conditions:

PART C – APPLICANT DECLARATION

I declare that the information provided is complete and accurate.

I understand that failure to disclose a relevant medical condition may result in refusal, suspension or withdrawal of my Competition Licence.

I undertake to notify Motorsports Kenya Federation immediately should my medical condition change.

I consent to the processing of my medical information solely for licensing, safety and insurance purposes.

Applicant Signature: _____. Date: _____

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PART D – MEDICAL EXAMINATION

EXAMINATION	RESULT
Height	_____ cm
Weight	_____ kg
BMI	_____
Blood Pressure	_____ / _____ mmHg
Resting Pulse	_____ bpm

Vision

TEST	RESULT
Right Eye	_____
Left Eye	
Colour Vision	☐ Normal ☐ Deficient
Peripheral Vision	☐ Normal ☐ Abnormal

Hearing

☐ Normal

☐ Impaired

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Cardiovascular Examination

☐ Normal. ☐ Abnormal

Comments:

Respiratory Examination

☐ Normal ☐ Abnormal

Comments:

Neurological Examination

☐ Normal ☐ Abnormal

Comments:

Musculoskeletal Examination

☐ Normal ☐ Abnormal

Mental Health Assessment

☐ Normal. ☐ Further Assessment Required

Comments:

Other Investigations:

Clinical Remarks:

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PART E – MEDICAL CERTIFICATION

Having examined the above applicant, I certify that:

☐ FIT for motorsport competition. ☐ FIT subject to the following restrictions:

☐ Requires specialist medical review before fitness can be determined.

☐ NOT FIT for motorsport competition.

Reasons:

PART F – MEDICAL PRACTITIONER

FIELD	DETAILS
Doctor's Full Name	_____
Medical Registration Number	_____
Qualifications	
Hospital / Practice	
Postal Address	
Telephone	
Email	

Official Practice Stamp:

Doctor's Signature: _____. Date: _____

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PART G – FEDERATION USE ONLY

ITEM	DETAILS
Medical Certificate Received	☐ Yes ☐ No
Reviewed By	_____
Date Reviewed	_____
Decision	☐ Approved ☐ Further Information Required ☐ Declined
Remarks	_____
Authorised By	_____
Signature	_____
Date	_____

IMPORTANT NOTICE

1. This medical certificate remains valid in accordance with the MK-F Licensing Regulations unless revoked earlier.
2. Competitors must notify the Federation immediately of any illness, injury or surgery that may affect safe participation.
3. The Federation may require additional medical reports or specialist examinations.
4. Submission of this form does not guarantee the issue of a Competition Licence.
5. Knowingly providing false or misleading information may result in disciplinary action under the MK-F National Competition Rules.