

## 2018 MSA Competition Licence Amendment Form

Use this form to apply for an **UPGRADE** or **ADDITION** to your existing 2018 Competition Licence

Surname:

First name(s):

Address:

Postcode:

Tel (Day):

Tel (Mob):

Email:

Date of birth:

Licence Number:

I enclose my cheque/postal order made payable to "The MSA"

I am paying by credit/debit card and I have listed the card details below

**ALL UPGRADES, ADDITIONS and REPLACEMENT LICENCES are processed within 3 working days.**

**Express Handling**

If you require your Licence Upgrade/Addition to be processed urgently, you should add £109.00 for the 3 Hour Express Handling Service.

**I would like to Upgrade my Licence to:**

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Please enclose your 2018 Licence & Upgrade Card

*The cost of an upgrade is calculated as the difference between the Licence currently held and the cost of the Licence you are upgrading to, plus a £35.00 upgrade fee.*

**Licence Addition:**

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Please enclose your 2018 Licence

**Replacement Licence** (£28.00)

**Change of contact details** (No charge)

**Card Details** (Visa Electron & American Express are not accepted)





Amount to be paid: £

Card number:

Expiry date:

Name on card .....

Cardholder's address: .....

.....

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Cardholder's signature: .....

Daytime phone number: .....

If you are applying for an International Licence – see reverse

Reg Office: Motor Sports House, Riverside Park, Colnbrook, SL3 0HG Reg Number: 1344829 England

## Your doctor's medical report on you

Are you:

- applying for an international licence? Yes  No
- aged 45 or more and applying for a race, truck or long circuit kart race licence? Yes  No
- over 18, applying for a race, truck or kart race licence (see note H9-12) and have never provided a medical report before? Yes  No

If you answered 'Yes' to any of the above, you must have a medical examination and ask your doctor to fill in this section.

(You must pay any fee charged for the medical examination and for filling in this form)

**To your doctor** - Please read the Competition Licence notes before carefully filling in this section for your patient, ensuring that ALL questions have been answered. Note that ANY unanswered questions will require further information to be submitted by you.

### 1. Doctor's practice stamp (together with your name and qualifications):

Height:  cm

Weight:  kg

Blood Pressure:  /

### 2. Are you the applicant's usual doctor? Yes No

### 3. Is the 12 lead resting ECG normal? (to be completed if aged UNDER 45 applying for an international licence) Yes No

#### a. When was the 12 lead resting ECG performed? (Note - a resting ECG is valid for a period of 24 months)

If the applicant is aged **45 or over** and applying for an international licence, they must supply a written report of a stress-related ECG (see note H11)

The 'normal' answer to questions 4-9 is 'NO'. In respect of each 'YES' response, further details should be provided in the Examiners Comments box

### 4. Is there any evidence of abnormality of the heart or cardiovascular system? Yes No

If 'Yes', give details in the doctor's comments box to the right.

### 5. Is there any evidence of a physical or mental condition in the applicants medical history? Yes No

If 'Yes', give details in the doctor's comments box to the right.

### 6. Has the applicant suffered from epilepsy, seizures or any other neurological conditions? Yes No

If 'Yes', give details below.

### 7. Does the applicant have any physical abnormality or restriction of movement in the arms or legs? Yes No

If 'Yes', give details below.

### 8. Were any abnormalities found in the urine analysis? Yes No

If 'Yes', give details below.

### 9. Vision - to be recorded in metric Snellen acuity:

a. **Uncorrected** (without corrective lenses) L eye  /  R eye  /

b. **Corrected** (wearing corrective lenses if necessary) L eye  /  R eye  /

c. **Vision, with both eyes open** (wearing corrective lenses if necessary. See note H10.1.10(a))  /

### d. Are corrective lenses (glasses or contact lenses) required for driving? Yes No

### e. Is there any ocular history which suggests the possibility of visual field loss? If 'Yes', give details below. Yes No

### f. Were there any abnormalities on the colour vision (Ishihara) test? See note H10.1.10(f) If 'Yes', give details below. Yes No

If you have ticked 'YES' to any of the questions above, provide information in the box below

**Doctor's comments:**

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**Please check your answers** - ANY unanswered questions will require further information to be submitted by you. Sign below to certify that you have examined the applicant in line with this form and the enclosed Competition Licence notes.

Your (doctor's) signature:

Date of medical examination:

**Your Competition Licence must be issued within 3 months of the date of having this medical examination, after which time the medical will need to be revalidated by the examining doctor.**