

Application form IDC daylicense



Class: _____

Desired start number: _____

Have you been in the possession of a motorsport license in the last 3 years if yes what kind: _____

Have you been competing in road races the last 3 years if yes which races: _____

Name rider: _____

Sponsor: _____

Bikebrand: _____

Type: _____

Transpondernumber: _____

In case of accident please warn: _____

Phonenumber: _____

Relationship to rider: _____

Medical survey form

Questions to answer truthfully	yes	no
Are you at the moment or have been in the past 2 years under treatment by a doctor or physical? If so what for?		
Do you have at the time health complaints?		
Are you using at the time medications and if so what kind?		
Are you allergic to any medications if so what medications?		
Do you or have you suffered from epilepsy, severe hyperventilation, fainting, seizures of abnormal sleepiness or other consciousness disorders?		
Do you or have you suffered from balance disorders or dizzy spells?		
Are you under treatment or have been under treatment for a psychiatric disorder, a brain disease or a disease of the nervous system?		
Make you misuse of or have you abused alcohol, medicines, drugs or other mind-altering intoxicants or are you under treatment?		
Are you under treatment or have been under treatment for internal diseases such as diabetes, cardiovascular disease, high blood pressure, kidney disease and lung disease or did you have a heart or bloodvessel surgery?		
Do you have a disability whereby the normal use of a leg or foot, arm or hand or any of the associated joint limited or absent?		
Do you have a decreased vision of one or both eyes, even if you are using glasses or contact lenses?		
Are you using medicines that can affect the ability to drive according to the package insert such as sleeping pills, tranquilizers, anti depressant or antipsychotic generating resources or simular products?		

Please note

The intentional doing error of contents allows for exclusion from participation.

If you have one or more questions answered with yes, please explain below.

If you have filled in one or more questions with yes, a medical examination by a physician may be necessary in that case you will receive a written response.

Completed as true and correct

Name:

Date:

Signature: