



SPECIAL MEDICAL EXAMINATION for 2018

National Motorsport Federation With International Federation Affiliation

Completed forms must be submitted to WOMZA with the completed WOMZA Accident Statistics Form. **PLEASE NOTE: This letter is not related to the Injury Register. If your name is on the Injury Register, you must provide a letter from a Doctor 5 days prior to competing in any upcoming event.**

I, _____ (), the CMO / CMC at _____
Name & Surname *Qualification* *Venue*

have been requested by _____, the CoC / Chief Steward / Chief Marshal

to conduct a Special Medical Examination on _____
Competitor's Name & Surname

competing in _____, licence number _____
Category

on _____
Today's date

I have personally conducted the examination and find that:

- 1) The Competitor is fit to compete in the event
- 2) The Competitor is not fit to compete in the event
due to the following reasons:

Signature of CMO / CMC: _____
HPCSA registration number: _____ WOMZA Licence No: _____