


	<p>The Federation of Motor Sports Clubs of India "Krishna Towers – I", VI Floor, Apt.#25 New No.50, Sardar Patel Road, Chennai 600 113 Tel : (91) (44) 22352673 Fax : (91) (44) 22351684 email : fmsci@vsnl.com web : www.fmsci.org</p>
NATIONAL SPORTS FEDERATION RECOGNIZED BY THE GOVERNMENT OF INDIA	

INSTRUCTIONS

- 1) To be filled in CAPITAL letters only and tick where applicable
- 2) Attach 2 stamp size photographs of the applicant
- 3) For Karting Licenses, attach copy of Birth Certificate or Civil Driving License or Passport as proof of age
- 4) For Rallying, attach copy of valid Civil Driving License
- 5) For Racing, attach copy of valid Civil Driving License (or) attach copy of Birth Certificate or Passport as proof of age. Must celebrate his 15th birthday or above in the year of application.

TARIFF for 2006

License Type	Fees (Rs.)
Rally – Driver	750/=
Racing – Driver	750/=
Karting	300/=
Clubmans	100/=
Team	10,000/=

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MEDICAL HISTORY

APPENDIX A

(To be completed by Competitor in CAPITAL letters)

Full Name :				
Address :				
Sex :	Male	Female	Blood Group	Date of Birth
No			Yes	Details


- | | | |
|--------------------------|--|--------------------------|
| <input type="checkbox"/> | Loss of consciousness for any reason, dizziness or headache | <input type="checkbox"/> |
| <input type="checkbox"/> | Eye problems (except glasses) | <input type="checkbox"/> |
| <input type="checkbox"/> | Asthma | <input type="checkbox"/> |
| <input type="checkbox"/> | Allergy to Medicines or Drugs | <input type="checkbox"/> |
| <input type="checkbox"/> | Diabetes | <input type="checkbox"/> |
| <input type="checkbox"/> | Heart Problems | <input type="checkbox"/> |
| <input type="checkbox"/> | Blood pressure disorder | <input type="checkbox"/> |
| <input type="checkbox"/> | Stomach Problems (ulcer, etc) | <input type="checkbox"/> |
| <input type="checkbox"/> | Uro-genital problems | <input type="checkbox"/> |
| <input type="checkbox"/> | Epilepsy or convulsion | <input type="checkbox"/> |
| <input type="checkbox"/> | Mental or nervous disorder | <input type="checkbox"/> |
| <input type="checkbox"/> | Problems with arms or legs incl. muscle cramps or joint stiffness. | <input type="checkbox"/> |
| <input type="checkbox"/> | Blood disorder with tendency to bleeding | <input type="checkbox"/> |
| <input type="checkbox"/> | Operations | <input type="checkbox"/> |
| <input type="checkbox"/> | Do you take medicine or drugs regularly ? | <input type="checkbox"/> |
| <input type="checkbox"/> | Have you been rejected, or accepted at increased premium, for life insurance on medical grounds? | <input type="checkbox"/> |

- a) I have not been banned, on medical grounds, from taking part in any other sport.
- b) I do not take drugs and do not abuse alcohol.
- c) In case of an injury I give permission to the Medical Staff to release any relevant information to the Clerk of the Course and the FMSCI.
- d) I declare that the information that I have given is the truth.
- e) I agree to the information on the Medical Examination form being sent to the doctor of FMSCI.

NOTE : The act or producing this Certificate at a motorsports event is deemed to be a formal declaration by its holder that he/she, since its issue, has suffered no illness or injury which might be liable to affect its validity. Possession of the Medical Certificates signed by a Registered Medical Practitioner is obligatory for competitors taking part in Motorsports events conducted under the National competition Rules of the FMSCI and must be produced for inspection to an appropriate official on demand.

Date :

Signature of Applicant

	<h2 style="margin: 0;">The Federation of Motor Sports Clubs of India</h2> <p style="margin: 0;">"Krishna Towers – I", VI Floor, Apt.#25 New No.50, Sardar Patel Road, Chennai 600 113 Tel : (91) (44) 22352673 Fax : (91) (44) 22351684 email : fmsci@vsnl.com web : www.fmsci.org</p>
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MEDICAL HISTORY

APPENDIX B

(To be completed by Doctor in CAPITAL letters)

Competitor's Name :				
Address :				
Sex :	Male	Female	Blood Group	Date of Birth
Normal			Ab- Normal	Details (If abnormal)

- | | | | | |
|--------------------------|--------------------------|------------|--------------------------|--------------------|
| <input type="checkbox"/> | Cardio-vascular System | | <input type="checkbox"/> | |
| <input type="checkbox"/> | Blood Pressure | | <input type="checkbox"/> | |
| <input type="checkbox"/> | Pulse | | <input type="checkbox"/> | |
| <input type="checkbox"/> | Respiratory System | | <input type="checkbox"/> | |
| <input type="checkbox"/> | Nervous System | Central | <input type="checkbox"/> | |
| <input type="checkbox"/> | | Peripheral | <input type="checkbox"/> | |
| <input type="checkbox"/> | Ear, Nose & Throat, | right | <input type="checkbox"/> | |
| | In particular vestibulo- | | | |
| <input type="checkbox"/> | Cochlear apparatus | left | <input type="checkbox"/> | |
| <input type="checkbox"/> | Locomotor- arm | right | <input type="checkbox"/> | |
| | System. | | | |
| <input type="checkbox"/> | | left | <input type="checkbox"/> | |
| <input type="checkbox"/> | leg | right | <input type="checkbox"/> | |
| <input type="checkbox"/> | | left | <input type="checkbox"/> | |
| <input type="checkbox"/> | Spine | | <input type="checkbox"/> | |
| <input type="checkbox"/> | Abdomen (Hernia) | | <input type="checkbox"/> | |
| <input type="checkbox"/> | Urine | Albumen | <input type="checkbox"/> | |
| <input type="checkbox"/> | | Glucose | <input type="checkbox"/> | |
| <input type="checkbox"/> | Eyes | | | |
| | Distant Vision | right | <input type="checkbox"/> | without correction |
| | | left | <input type="checkbox"/> | |
| | | right | <input type="checkbox"/> | with correction |
| | | left | <input type="checkbox"/> | |

- I, the undersigned, certify that this person is fit to take part in motorsport events.
- I, the undersigned, certify that this person is NOT FIT to take part in motorsport events.
- I recommended that person be examined by a member of the Medical Committee of the FMSCI or doctor appointed by the FMSCI

Doctor's Name :
 Address :

Signature :

Date & Stamp

Medical History and Examination

Every competitor taking part in motorsport events must be medically fit. For this reason the history and an examination are essential. The Medical History and Examination forms are in Appendices A and B. The Medical Examination Certificate is valid for not more than one year. In the event of serious injury or illness occurring since the last medical certificate was issued, a new examination and medical certificate are necessary.

1. Guidelines for the Examining Doctor :

The examination should be performed by a doctor familiar with the applicant's medical history. The examining doctor must be aware that the person to be examined is applying for a license to enter motorsport events. The purpose of the examination is to determine whether the applicant is physically and mentally fit to control a motor vehicle in order to ensure the safety of other competitors, officials and spectators during an event, having regard to the type of event for which the competitor is applying.

Certain disabilities exclude the granting of a license.

Limbs : The applicants should have sufficient function of their limbs to permit full control of their machine during events. In the case of loss or functional impairment of all or part of limb or limbs the applicant may be referred for the opinion of the medical commission of the FMSCI.

Eyesight : Distant vision should not be less than 6/6 (1.0 or 10/10) with each eye (with, if necessary, any eye correction device). Applicants with impaired or no vision in one eye and who have had this disability for not less than one year, are allowed to compete in Trial. In this case, vision in the valid eye must reach a standard of not less than 6/6 (1.0 or 10/10) without any correction, and the competitor must have satisfactory judgement of distance. If the applicant is granted a license, he undertakes to wear double protection of the valid eye at all times when participating in motorsport.

If there is doubt about color vision, the applicant, for any event, except Trial, must be able to accurately differentiate between red, green, blue, yellow, black and white flags. A simple practical test is recommended under conditions similar to those of a race.

Deafness : Total deafness in both ears will prevent an applicant from obtaining a license except for Trials.

Diabetes : In general, it is not considered advisable for diabetics to enter motorsport events. All well controlled diabetic not subject to hypoglycaemic or hyperglycaemic attacks and having no neuropathic complication not any ophthalmoscopic evidence of vascular complications, may be passed as fit to compete.

Cardio-Vascular System : In general, a heart attack or serious cardio-vascular disease would normally exclude a competitor from speed events. Special attention should be paid to blood pressure and cardiac rhythm disorders. In such cases a certificate from a cardiologist including the result of any test the cardiologist considers necessary, must be submitted with the medical examination form.

Any competitor over the age of fifty years must have an exercise tolerance electrocardiogram performed and the result must be favourable.

Neurological and Psychiatric Disorders : In general, applicants with a serious neurological or psychiatric disorder will not be granted a license.

Fits or Unexplained Attacks of Loss of Consciousness : A license will not be issued if the applicant is an epileptic, has suffered a single epileptic fit, or has suffered an unexplained sudden loss of consciousness.

Alcohol and Drug Dependence : Applicants with an alcohol or drug dependence problem will not be accepted.

2. Procedure in case of Doubt of Medical Fitness : The examining doctor may not feel able to approve an applicant on medical grounds. In such a case he will fill in the certificate, sign it having ticked the relevant box, and then send it to the FMSCI with his observations, including past history. If necessary, he shall request that the applicant should be examined by a member of the medical committee of the FMSCI or a doctor appointed by the FMSCI.

3. Cost of Medical Examination : Any fee charged for the examination or completion of the medical certificate is the responsibility of the applicant, not the FMSCI.