



# NAMIBIAN MOTORSPORT FEDERATION



## COMPETITOR SELF DISCHARGE FORM for 2018

To be completed in Triplicate: CMO/CMC, Competitor, C of C

Completed forms must be submitted to the NMSF along with the completed the the NMSF Accident Statistics Form.

### PART 1: To be completed by Competitor

I, \_\_\_\_\_, Licence number \_\_\_\_\_

*Name & Surname*

competing in \_\_\_\_\_, hereby discharge myself against local medical

*Class / Category*

advice and understand the possible consequences of such action that have been explained to me by

\_\_\_\_\_  
*Name of CMO / CMC*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

### PART 2: To be completed by CMO / CMC

I, \_\_\_\_\_, HPCNA no. \_\_\_\_\_ MSA Lic. no. \_\_\_\_\_

*Name & Surname*

CMO / CMC at \_\_\_\_\_, hereby confirm that I have explained the possible

*Venue*

consequences of the Competitor discharging himself/herself against my advice, including but not limited to being entered on the **injury register** and classified as **not fit to race**.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



# NAMIBIAN MOTORSPORT FEDERATION

## SPECIAL MEDICAL EXAMINATION for 2018

To be completed in Triplicate: CMO/CMC, Competitor, CoC

Completed forms must be submitted to the NMSF along with the completed the NMSF 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, as per the GCR's**

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: \_\_\_\_\_

HPCNA registration number: \_\_\_\_\_ NMSF Licence No: \_\_\_\_\_