



NAMIBIAN MOTORSPORT FEDERATION



COMPETITOR SELF DISCHARGE FORM

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. _____ NMSF License 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: _____