

Medical Examination Form for ARC Endurance

Name and surname:

Date of birth:

Address:

Name and surname of the legal representative:

Address:

ID card number:

Doctor's statement:

I hereby confirm that the driver mentioned above

is medically fit to drive a motor vehicle in an endurance car race. I am not aware that on the day of issuing this certificate, his ability to drive was impaired by any long-term treated illness (epilepsy, etc.), short-term indisposition or illness, or injury.

He/she is able to drive a racing vehicle with the following limitations:.....

This certificate is issued at the personal request of the driver's legal representative.

The certificate was issued by:.....

The confirmation was received by the legal representative:.....

Place:

Date: