

VINTAGE SPORTS CAR DRIVERS ASSOCIATION, Ltd.

1600 W. Market Street Logansport, IN 46947

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DRIVERS GOOD FAITH MEDICAL STATEMENT

(please print)

Applicant's Name Date of Birth

Address Phone ( )

City\_ State Zip Code

E-mail address Date of last Tetanus

I attest that, to the best of my knowledge, my vision, cardiac, vascular, respiratory, neurological, and endocrine systems are healthy and capable of managing the pressures of high-speed vintage racing.

Comments or concerns that the VSCDA Board of Directors should be aware of:

I understand that I will notify the VSCDA of any change in my physical condition before my next required physical examination.  I also recognize the necessity to inform the VSCDA of any personal exposure to COVID-19 (Coronavirus), during the two (2) week period prior to my participation in any VSCDA event. Failure to do so may result in loss of driving privileges. I also give permission to any physician, hospital or institution to furnish any information to the VSCDA Board of Directors upon their request.

Applicants Signature Date (Revised 2020)