



VINTAGE SPORTS CAR DRIVERS ASSOCIATION, Ltd.

1600 W. Market Street Logansport, IN 46947

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Fax 574-753-4115

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)