



# Self Declaration Form For A WCMA Competition License

## Part 1: Applicants' Information:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City/Province: \_\_\_\_\_ Gender: M  F

Date of Birth: D: \_\_\_\_\_ M: \_\_\_\_\_ Y: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Wears Glasses: Yes  No

## Part 2: Applicants' Medical Self-Declaration

Have you been treated for, have you ever had, or have you now, any of the following: Yes, responses should be detailed on a separate sheet or the reverse of this page.

Conditions:	Yes	No
Frequent or severe headaches		
Unconsciousness for any reason		
Dizziness or fainting spells		
Epilepsy or Seizures		
Heart Trouble:		
Coronary Artery Disease or Angina		
Valve disease		
Abnormal Cardiac Rhythms		
High Blood Pressure		
Psychiatric/Mental Health Problems		
Operation(s) involving Eyes, Brain, Heart, Nerves, Blood Vessels, or Bones		
Allergies		
Eye trouble (except for glasses)		
Asthma		
Diabetes		
Anemia, or other blood diseases including abnormal bleeding		
Admission to a hospital in the past 12 months		
Amputations and/or Physical disability		
Previous denial(s) from WCMA due to a medical reason(s)		
Date of last Tetanus Shot.		

**List all Medications (include dosage and frequency taken):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Part 3: Applicants' Declaration:

1. I declare that the information regarding my present state of health, given to the examining physician is correct.
2. I agree to be re-examined as follows:
  - a. Upon the expiration of my current medical as required by the current competition rules.
  - b. Following any significant illness, injury or hospitalization.
3. I give permission to any hospital, institution, or physician, to furnish my medical information to WCMA.

Applicant Signature: \_\_\_\_\_ Date M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_

Signature of Parent/Guardian if applicant is under the of majority: \_\_\_\_\_

\_\_\_\_\_ Date M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_