

# MEDICAL CLEARANCE TO RACE KARTS



Doctor's Name ..... Phone Number.....

Doctor's Address .....

Having examined .....

*Karter's Name*

who I understand is applying to race / practice in karts, am of the opinion that there are no medical conditions that would detrimentally affect his / her ability to control a kart.

Signature ..... Date ...../...../.....

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| Doctor's Stamp |
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