

<記入例>



JAPAN AUTOMOBILE FEDERATION

FOR DOCTORS

The doctor responsible for carrying out the medical aptitude test is obliged to use this form presented by the applicant, filling in all the necessary details. The decision as to fitness or unfitness shall be made by the doctor who conducted the examination. This doctor may request the opinion of JAF Medical Committee.

FOR DRIVERS

All drivers planning to take part in international competitions are required to undergo an annual medical aptitude examination and send this form to JAF in order to obtain a Medical Certification on the following column for official use.

MEDICAL CERTIFICATE [FOR JAF OFFICIAL USE]
FOR INTERNATIONAL COMPETITION

STAMP FOR APPROVAL

Apt for the practice of motor sport, according to the FIA medical standards:

JAF押印欄
※証明写真等を貼付しないこと

Ref. No. _____

Date _____

valid to 31st Dec. _____

Corrected eyesight (glasses or lenses)	yes	no
Special medical supervision	yes	no

MEDICAL APTITUDE FORM
FOR INTERNATIONAL COMPETITION

Name Taro RENMEI (F/M)

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Minato-ku, TOKYO 105-0012

Phone +81-3-3578-4936

Date of Birth 20 (day) / 10 (month) / 1970 (year)

Nationality Japanese

Blood Group A Rh +

Licence No. 1111-1111-2080

I DECLARE AS FOLLOWS:

I) The information given to the doctor regarding my present state of health and previous medical history is correct.

II) I undertake not to use any drug considered illegal (Drugs or prohibited methods defined in the Prohibited List of the World Anti-Doping Code of the W.A.D.A. and by the Anti-Doping Regulations of the FIA).

Driver's signature: J. Renmei

Printed with soy ink on recycled paper

記入不要

氏名、性別（女性／男性）

住所

連絡先電話番号

生年月日（日／月／年の順に記入）

国籍

血液型
（ABO分類およびRh分類）

ライセンスナンバー

私は以下の通り宣誓する：

- i) 現在の健康状態および既往症（病歴）に関して医師に対し正しく申告した。
- ii) 不法とみなされる薬物を使用していないことを保証する。
（W.A.D.A.の制定する世界アンチ・ドーピング規程およびFIAの制定するアンチ・ドーピング規則によって規定されるドーピングの禁止薬物もしくは手段）

本人署名欄
（署名のない場合は無効となりますので必ずご記入下さい。）