

Date - -

Surname

Given Name/s

Motorsport Australia ID

State

Dear applicant,

## **Cardiologist report**

To enable us to process your competition licence we require a report from your Cardiologist regarding your condition.

The report must include the following:

- Stability of condition
- When first diagnosed
- Medication and dosage
- Opinion on your fitness to compete in motorsport

We are keen to issue your licence and will appreciate your response to this request. Please attach this letter to the front of your medical report and forward it to:

Email: memberservices@motorsport.org.au

Mail: Motorsport Australia Member Services PO Box 172 Canterbury LPO, VIC 3126

If you have any other queries please call the Motorsport Australia Member Services Team on 1300 883 959.

Yours sincerely,

**Motorsport Australia Member Services Team** 

