



**SRI LANKA AUTOMOBILE SPORTS**  
33, Torrington Place, Colombo 07.

Tel: 011 2670051/ 077 8915848, Fax 011 26700  
email: infoslas2017@gmail.com



Doctor's Stamp fixed  
across the Photo of the Applicant

Year .....

**APPLICATION FOR COMPETITION LICENSE.**

Please Tick the Appropriate box

New Application:  Renewal

License Category: A  B  C  R  E Junior

Full Name: .....

Name with Initials: .....

Date of Birth: ...../...../..... Blood Group:.....  
(DD/MM/YY)

Postal Address .....

Telephone: Office..... Mobile.....Home.....

Email:.....

NIC:..... Passport:.....

D/No:..... Current SLAS Competition License Number: .....

Membership details of the Applicant of any Motor Sports Clubs / Associations

Club	Membership No

**Applicant's Medical Declaration: (For those who are 45 yrs and below as at 1<sup>st</sup> January)**

Medical Tests and Examinations are valid, only if taken within three months from the date of Application.

*(For those who are above 45 years of age (As at 1<sup>st</sup> January) should fill the Sports Ministry recommended Medical Form).*

Family Doctor's Name: .....

Doctor's Tel No.....

Date of last Medical Checkup: ..... / ..... / .....

Results of H.B.A.I.C Test .....

Major Illness, if Diagnosed:.....

Doctor's recommendation if the applicant is medically fit for Motor racing:.....

Doctor's Signature and Stamp:.....

**Special Note to Doctor: Doctor should verify the ID number of the applicant.**

**Doctor's Stamp also should be placed across the Applicant's Photograph.**

**Above column to be filled by the Doctor**

Category qualification

List all event categories taken part past in over last 5 years

Event:	Number of Years (Min 01 participation during year)

Most Recent Performance (up to 2 years)

Race and Event (e.g Foxhill Super cross – SL N Ford Laser /Mazda 1300cc)	Placing

Your knowledge of Rules and Regulations governing Motor Sports is: Good:..... Fair:..... Nil:.....

Have you had formal training at any professional Motor Racing / Rally School? Yes / No.

Describe Briefly.....

**Please note:**  
 Submit Two colored photos (pp size) along with the Application  
 Application Fee: Rs.7500/- for Circuit / Gravel / Speed Rallies/Hill Climb and Rs.5000 for TSD Rallies.  
 PS: In case the competitor is over the age of 45 years (As at 1<sup>st</sup> Jan), He/She Must submit a medical report as per the medical form recommended by the Ministry of Sports.  
 PLEASE NOTE A MINIMUM OF 7 WORKING DAYS IS REQUIRED TO PROCESS ALL LICENSE RENEWALS

For Office use	
Application Received on	
Photos	Attached / Not Attached
Medical Certificate	Attached / Not Attached
Receipt No.	
Cash / Cheque	

**Applicant’s Declaration: Compliance to World Anti-Doping prohibited List**

I,.....Affirm, that I have read the contents in the World Anti-doping code International Standard Prohibited list,( Effective from 1<sup>st</sup> January 2022). I have no objection whatsoever, for any medical spot checks on me, by the relevant authorities to find out that I am in compliance. If the medication or method I am required to take/use to treat an illness or condition is included in the World Anti-Doping Agency's (WADA) Prohibited List, I, undertake the responsibility of declaring the medication and get a Therapeutic Use Exemption (TUE) from the Ministry of Sports- Institute of sports Medicine which makes it possible for me to take the treatment while remaining in compliance with the anti-doping rules.

Applicant’s Signature..... Date:.....

**Applicant’s Declaration: General**

I,.....hereby declare that the information provided above is true and correct to the best of my knowledge. I am aware, that in an emergency medical situation at a race event, the Doctors’ will require my medical background to commence correct medication or first Aid. Therefore, I take the responsibility, to avail all relevant medical history and medical information with the team Manager or any other representative at all race meets I compete, for a quick reference to those who need it. The doctors at race meets, cannot be held liable for misjudgment in treatment, if my medical history and records are not available at the race meet.

Signature of the Applicant..... Date:.....



4	ඔබට කිසිදු අධික රුධිර පීඩනය හෝ මේදය වැඩි වීමේ රෝග තත්ත්වයක් ඇති වී තිබේද? Do you have a history of high blood pressure or high lipids in your blood (Dyslipidemia/Cholesterol)			
5	ඔබ කිසියම් දිනෙක මේ ආකාරයේ වෛද්‍ය පරීක්ෂණයකින් මීට පෙර අසමත් වී තිබේද? Have you ever failed or Has a doctor ever denied or restricted your participation in sport after a such a medical examination?			
6	ඔබට ඇදුම/ හතිය රෝගය වැළඳී තිබේද? Have you ever had Asthma or Exercise induced Asthma?			
7	දැනට ව්‍යායාම කිරීමේ දී ඇදුම/හතිය හෝ පපුවේ මහත්සිය/ කැස්ස හෝ පපුවේ වේදනාවක් ඇති වේද? Do you have Asthma, chest tightness, wheezing or coughing spells during or after exercise?			
8	අනතුරකට ලක්ව සිහිනැති වීම හෝ හිසට හානි සිදු වීම සිදුව තිබේද? Do you have a history of an accident which resulted in a head injury, loss of consciousness or concussion?			
9	ඔබට අපස්මාරය වලිප්පුව වැළඳී ඇත්ද? Have you ever had a fit, convulsion or an epilepsy?			
10	ඔබට සමේ රෝග කිසිවක් තිබේද? Do you have any skin problems?			
11	ඔබට නිදන්ගත රෝග කිසිවක් තිබේද? (උදා: වකුගඩු, අක්මාව, හෘදය, පිළිකා, ස්නායු, සම, පෙනහළු, මානසික ආදී) Do you have any chronic medical conditions? (Illness staying in your body for long period-eg; kidney, liver, heart, cancers, lung, mental, etc.)			
12	ඔබ නිතිපතා යම් ඖෂධයක් භාවිතා කරනු ලබයිද? Do you take any medicine regularly? ඖෂධය නම් කරන්න. Name of the Medicine.			
13	ඔබ කිසිදු ශල්‍ය කර්මයකට ලක්ව තිබේද? Have you ever undergone any surgery (Operation)? ශල්‍ය කර්මය නම් කරන්න. Name of the surgery..... වර්ෂය/Year.....			
14	ඔබ කිසිදු රෝගයකට රෝහල් ගත කර තිබේද? Have you ever been hospitalized for any illness? රෝගය නම් කරන්න. Name the 'Illness..... වර්ෂය/Year.			
15	ඔබ යම් විටමින් හෝ ශක්ති ජනක ද්‍රව්‍ය භාවිතා කරයිද? (Supplement) Do you take any supplements? නම් කරන්න. Name of the Supplement			
16	ඔබ කණ්ණාඩි/ සිව්කාව/කාව භාවිතා කරයිද? Do you wear spectacles, lenses, contact lenses?			
17	ඔබ දුම් පානය කරන්නේද? Do you smoke?			
18	ඔබ මත්පැන් පානය කරන්නේද? Do you drink alcohol?			
19	ඔබට මහත්සි/ කම්මැලි ගතියක් දැනෙන්නේද? Do you feel tired, lethargic or unfit?			
20	ඔබ ක්‍රීඩා කරන විට යම් සෞඛ්‍යමය හෝ ආධාරකයක් භාවිතා කරයිද? (උදා:knee guard/tape) Do you wear protective equipment? නම් කරන්න. Name it (knee guard/tape/brace)			
21	එන්නත් කිරීම සාර්ථකව සිදු කර ඇත්ද? Are you properly immunized and up to date?			
22	ඔබට ආසාත්මිකතා කිසිවක් ඇතොත් නම් කරන්න. If you have any allergic problems please mention.			
23	ඔබට සිදු වී ඇති යම් හදිසි අනතුරු හෝ ක්‍රීඩා අනතුරු ඇතොත් ඒ පිළිබඳ සටහනක් තබන්න. Have ever met with an accident/s or sports injuries. Mention those below අනතුර/Accident/Injury..... දිනය/Date.....			
24	ඔබගේ පවුලේ ලේ දොනීන් කිසිවකු හදුනා නොගත් රෝගයකින් අවු.50කට පෙර මිය ගොස් තිබේද? Has anyone in the family (Blood Relations) died suddenly and unexpectedly before the age of 50 years?			
25	ඔබගේ ලේ දොනීන් කිසිවකුට කිසිදු හෘද රෝගයක් වැළඳී ඇති බවට ඔබ දැනුවත්ව සිටීද? Have any of your blood relatives ever had any form of cardiac illness (Heart condition or illness)			
26	ඔබගේ පවුලේ ලේ දොනීවරයෙකුට කිසියම් හෝ රෝගයක් වැළඳී ඇත්ද? ( උදා: වකුගඩු, අක්මාව, හෘදය, පිළිකා, පෙනහළු, මානසික ආදී) Have any of your blood relations suffered or suffering from a serious or chronic illness? (Eg; kidney, liver, heart, cancers, lung, mental, etc.)			
27	ම විසින් ඉහත ඉල්ලුම් කල ක්‍රීඩා තරග ඉසව්ව (Competition) සඳහා ප්‍රමාණවත් ලෙස පෙර සූදානම් වල යුක්තව ඇත. I do hereby certify that I have adequately trained and prepared for the event/competition above I requested.			

**Clinical Examination**

**General Examination**

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<b>Vision:</b> Distant		Distant with glasses		For V.D.U. only		Color Blindness: Yes / No			
R20/	L/20	R20/	L/20	<input type="checkbox"/> Corrected	<input type="checkbox"/> Uncorrected	Fields:			
Near		Near with glasses				<input type="checkbox"/> L	N/A	<input type="checkbox"/> R	N/A
R:	L:	R:	L:	R20/	L20/				

**Cardio Vascular System:-**

- Pulse - .....
- Bp - .....
- Results of H.B.A.I.C test.....
- Heart - .....

Respiratory System:- .....

Abdomen:-.....

Muscular Skeletal System:- .....

Nervous System :- .....

E.C.G. :- .....

Remarks

.....  
 .....

**Doctor's Recommendations**

Fit/Unfit for the competitions.

.....

.....

Doctor's Signature / Stamp

Date

(This form should only be filled by MBBS or equivalent qualification or higher qualified western medical practitioner)