

Corinthian Vintage Auto Racing, Inc. (CVAR)  
DRIVER'S GOOD FAITH MEDICAL STATEMENT  
(please print)

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Date of last Tetanus \_\_\_\_\_

I attest that, to the best of my knowledge, my vision, cardiac, vascular, respiratory, neurological and endocrine systems are healthy and capable of managing the pressures of high-speed vintage auto racing.

Comments or concerns that the CVAR Board of Directors should be aware of:

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I understand that I will notify CVAR of any change in my physical condition before my next required physical examination. I also recognize the necessity to inform CVAR of any personal exposure to COVID-19, during the two-week period prior to my participation in a CVAR event. Failure to do so may result in loss of driving privileges. I also give permission to any physician, hospital or institution to furnish any information to the CVAR Board of Directors upon their request.

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Applicant's Signature

Date