



Non-NASA Medical Form Disclosure

Name _____ Date of Birth _____

I am asking to submit a non-NASA Medical Form (e.g. SCCA, PCA, BMW, IMSA, etc.) to NASA in lieu of the NASA Medical Form.

I am on blood thinner medication (circle) YES NO

I have an implanted defibrillator (circle) YES NO

I have been denied a racing license for medical reasons in the past (circle) YES NO

I certify that the above is true and correct information. I also give my permission for the NASA administration to access and/ or exchange information with health care providers as well as the medical administration of other sanctioning bodies.

Applicant's Signature _____ Date _____