



Members Portal <https://members.casc.on.ca/>.

Licences will only be issued when the following documentation is received.

Applications that are incomplete will be delayed in processing.

Section 1: All applications:

- Complete the CASC licence application through the members portal
- Club memberships can be applied for, renewed through the members portal, or send proof of current CASC Club* membership issued by the club (only for select clubs)
- “CASC-OR Annual General Waiver” or “Annual Parental Consent” for Minors is not done through the hosting Club at each event (not through CASC) <https://www.casc.on.ca/casc-or/clubs>
- Headshot photo required and can be uploaded through the members portal to your profile
- Applicable fees can be paid online through the members portal

Section 2: For Renewing Road Race Applicants:

- **Renewing Licence Applicants must submit a new medical**
 - Every 5 years between the ages of 15 and 35
 - Every 2 years between the ages of 36 and 59
 - Annually at 60 years of age
 - Plus, the “Driver Self Declaration” in the years when a Doctor’s Medical is not required
- **Note: Applicants must keep a copy of their completed medical form for their own files**

Section 3: For New Road Race Applicants:

- All Section 1 Requirements
- Section 2 Medical Requirement ***Please email medicals to office@casc.on.ca***
- Copy of racing school certificate with Chief Instructor’s endorsement (Schools are only those professional and club racing driver schools recognized by CASC-OR)
- Proof of age (e.g., **Copy** of Birth Certificate, Driver’s Licence, Age of Majority Card, or Passport)

Digital Photo Requirements: Members must upload an image to their profile before a licence can be issued

- It **must** be less than 2 MB in size

If you are unsure of any of the above requirements, please contact the CASC Region Chief Instructor at racecoach@casc.on.ca.

We’ve Got the Place to Race!

PHYSICAL EXAMINATION FORM

Required for RACE Division Licenses Only



Dear Doctor,

This is page 1 of 3 pages. You are being asked to examine this candidate for a racing license from Canadian Automobile Sport Clubs Ontario Region (CASC-OR). If you find the candidate physically and psychologically fit, and they pass their other tests, the candidate will be granted a license that will enable them to drive a competition vehicle at extremely high speeds under the most exacting conditions.

Please, therefore, examine the candidate carefully and critically, and recommend them only if you are completely satisfied in all respects. You will thus be doing not only the applicant, but also our sport, a service by conducting this examination as carefully as possible.

Eyesight standards required:

- a) Visual acuity (before or after correction, sight for each eye should be at least 6/15 (metric). As well, any subject whose visual acuity in one eye only is diminished and cannot be corrected and who necessarily has contralateral vision, whether corrected or not, equal to or greater than 6/6 (metric), may obtain a driver's license under the following conditions and after examination by a competent ophthalmic specialist:
 - Field of vision equal to or greater than 120°
 - Functional stereoscopic vision
 - Condition of the fundus excluding pigmentary retinal damage
 - Any old or congenital damage shall be strictly unilateral
 - Blindness in one eye is absolutely excluded
- b) Normal binocular vision
- c) Normal colour vision (recourse to the Ishihara tables in doubtful cases and to the Beyne Lantern, or a similar system in cases of error); in any case, no errors in the perception of the colours of the flags used in international competitions
- d) The wearing of contact lenses is permitted provided that:
 - They have been worn for a period longer than 12 months and for a significant period every day
 - They are certified as satisfactory for motor racing by the ophthalmic specialist who supplied them (Hard contacts are not recommended).

List of illnesses and disabilities incompatible with the practice of motor sport:

- Epilepsy with behavioral effects, or under treatment
- Amputations, except in the case of fingers where the gripping function in both hands is unimpaired
- Orthopedic appliances if the functional result is not equal or near to normal
- Free movement of the limbs impeded by more than 50%
- Insulin-dependent diabetes, unless a document is provided to ASN Canada FIA signed by a medical doctor specializing in diabetes or internal medicine proving the regular supervision of the party concerned and of their treatments.
- Myocardial infarction and myocardial ischemia, valvular disease, or other abnormal cardiovascular conditions
- Functional limitation of the articulations of the hand superior to 50% and affecting two or more fingers of the same hand
- Psychiatric conditions

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Part 1: Applicants' Self Declaration – to be completed by the Competitor (email to office@casc.on.ca):

Name: _____ Age: _____

Address: _____ Postal Code: _____

City/Province: _____ Gender: M F

Date of Birth: D: _____ M: _____ Y: _____ Height: _____ Weight: _____

Part 2: Applicants' Medical Self-Declaration

Have you been treated for, have you ever had, or have you now, any of the following: Yes, responses should be detailed on a separate sheet or the reverse of this page.

| Conditions: | Yes | No |
|--|------------|-----------|
| Frequent or severe headaches | | |
| Unconsciousness for any reason | | |
| Dizziness or fainting spells | | |
| Epilepsy or Seizures | | |
| Heart Trouble: | | |
| Coronary Artery Disease or Angina | | |
| Valve disease | | |
| Abnormal Cardiac Rhythms | | |
| High Blood Pressure | | |
| Psychiatric/Mental Health Problems | | |
| Operation(s) involving Eyes, Brain, Heart, Nerves, Blood Vessels, or Bones | | |
| Allergies | | |
| Eye trouble (except for glasses) | | |
| Asthma | | |
| Diabetes | | |
| Anemia, or other blood diseases including abnormal bleeding | | |
| Admission to a hospital in the past 12 months | | |
| Amputations and/or Physical disability | | |
| Previous denial(s) from CASC due to a medical reason(s) | | |
| Date of last Tetanus Shot. | | |

List all Medications (include dosage and frequency taken):

Part 3: Applicants' Declaration:

1. I declare that the information regarding my present state of health, given to the examining physician is correct.
2. I agree to be re-examined as follows:
 - a. Upon the expiration of my current medical as required by the current competition rules.
 - b. Following any significant illness, injury, or hospitalization.
3. I give permission to any hospital, institution, or physician, to furnish my medical information to CASC Ontario Region.

Date: M _____ D _____ Y _____

Signed: _____

PHYSICAL EXAMINATION FORM

Required for RACE Division Licenses Only



Part 4: Examining Physicians' Information – to be completed by Physicians

| | |
|---------------------|--------------------|
| Name: _____ | Physician's Stamp: |
| Address: _____ | |
| City/Prov/PC: _____ | |
| Phone: _____ | |

Part 5: Examining Physicians' Report - Please review page 1 and 2, before doing an examination.

Applicants Name: _____

| | | | |
|---|---|------------------------------|-----------------------------|
| 1 | Is there any evidence of abnormality of the heart or cardiovascular system? (If yes, provide details in Part 6, below) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Note: At the age of forty, a baseline EKG should be performed. Further EKGs need to be performed only if the candidate is a smoker, has a cardiac history or strong family history of cardiac disease, history of diabetes, or has hypertension (systolic >140, diastolic > 90). | | ECG Date: _____ | |
| 2 | Is there any evidence of a physical or mental condition, past or present which could, in your opinion, debar the applicant from holding a motor sport competition license? (If yes, provide details in Part 6 below). | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3 | Does the applicant have any physical abnormality or restriction of movement of upper and/or lower limbs? (If yes, please provide details in Part 6, below). | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4 | Vision | | |
| | a) Has the applicant ever had any disease or disorder of the eye other than needing glasses or contact lenses? (If yes, provide details in Part 6, below) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | b) Are corrective lenses (contact lenses or glasses) required for driving? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | c) I have performed a vision test | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5 | Blood Pressure (If unusual, please provide details in Part 6, below) | Systolic | Diastolic |
| 6 | Date of last Tetanus Shot | M: _____ | D: _____ Y: _____ |

Part 6: Details: (Continue on another page if necessary).

Part 7: Recommendation of Examining Physician:

The applicant should have no established medical history or clinical diagnosis that may be expected, within 2 years after this finding, to make them unable to perform the duties or exercise the privileges of a Canadian Automobile Sport Clubs Ontario Region (CASC-OR) competition license.

Based on the above report, and mindful of the information provided to me, I make the following recommendation:

- That the applicant is physically and psychologically fit to drive a racing vehicle in competitive events at high speeds.
- That the applicant is **NOT** physically and psychologically fit to drive a racing vehicle in competitive events at high speeds

Date: M _____ D _____ Y _____

Signed: _____