

**KENYA MOTOR SPORTSFEDERATION
MEDICAL FORM
2026**



Fill in this form to apply for a KMSF Competition License.

This form MUST be Completed by your doctor.

MEDICAL – Your doctor's report on you

To you doctor – **Please ensure that ALL questions have been answered. Note that ANY missed or unanswered questions will require further information to be submitted by you.**

Applicants FULL name				
Blood group				
Height	(cm)			
Weight	(kg)			
Blood pressure	/			
Is there any evidence of a physical or mental condition in the applicant's medical history?	YES	NO		
Has the applicant suffered from epilepsy, seizures or any other neurological conditions?	YES	NO		
Does the applicant have any physical abnormality or restriction of movement in the arms or legs?	YES	NO		
Vision – To be recorded in metric Snellen acuity:				
Uncorrected (without corrective lenses)	R eye	6 /	L eye	6 /
Corrected (wearing corrective lenses if necessary)	R eye	6 /	L eye	6 /
Vision with both eyes open (wearing corrective lenses if necessary)	6 /			
Are corrective lenses (glasses or contact lenses) required for driving?	YES	NO		
Is there any ocular history that suggests the possibility of visual field loss?	YES	NO		

If you have ticked 'YES' to any of the questions above, please provide further details in the box below

Doctor's comments:

Sign below to certify that you have examined the applicant and all information is correct.

Doctor's Name	
Qualification	
Doctor's practice stamp	

Your (doctor's signature)

Date of medical examination

DOCTOR'S SIGN HERE

DD/MM/YYYY