



Date:...../...../.....

Surname:.....

CAMS Member Number:.....

State:..... Licence Level:.....

Dear.....

To enable us to process your competition licence we require a report from your Cardiologist regarding your condition.

The report must include the following:

- Stability of condition
- When first diagnosed
- Medication and dosage
- Opinion on your fitness to compete in motor sport

We are keen to issue your licence and will appreciate your response to this request. Please attach this letter to the front of your medical report and forward it to:

CAMS Member Services
PO Box 427
Caulfield East Vic 3145

Fax: 03 9593 7700
Email: memberservices@cams.com.au

If you have any other queries please call the CAMS Member Service Team on 1300 883 959.

Yours sincerely,

CAMS Member Service Officer