

## Division License Administrator Report to 4-11-20 Town Hall

Topeka is operating with a smaller crew mostly working from home, but my experience is they have been turning license renewal around in 24-48 hours.

Well first the issue of drivers not being able to get medical forms filled out to renew their license.

- Currently, drivers with licenses that expire through May 31, 2020, may renew their license by submitting a new 1-page Applicant's Medical History form. The new form is actually the one page of medical history on the current 4 page form. Their current medical approval on file will be extended for a year. This assumes that there has not been a significant change in medical health or fitness. This is for RENEWALS ONLY whose license and medical have not lapsed for more than 6 months. We are told that eligible drivers are receiving emails from Topeka explaining this.
- We have also been told next week they plan to extend this to those that expire through June 30, 2020.
- There is no relief at this time for new licenses. A physical is still required for them.

Next is the GCR requirement of one SCCA weekend a year to renew your competition license.

- If SCCA office receives participation waiver requests from drivers who have been unable to complete their participation due to cancelled events, they will grant those.
- If staff is not comfortable with granting the waiver, they will refer them to the DLA as normal.
- I have been the DLA since August 2017; I process about 250 requests a year for some kind of relief from the participation requirements. Most are relief from the GCR requirements for renewal although I also deal with conversions from other racing clubs as well as approvals for 14 and 15 year olds.
- For someone who has had license for a few years and missed a year then a participation waiver is fairly easy to get, almost automatic.
- One of my concerns is if our drivers' schools do not get rescheduled, we may lose an opportunity to get a new crop of drivers.
- As the DLA I do have the ability have a novice permit issued with the school requirement waived. These may become more common if schools are not available. If as stewards you have someone who you are comfortable having the school waived let me know.

- Once we are racing again, I would encourage that when you have drivers racing on a novice permit take a look to see if they had their school waived. If so, it might be worth having someone check in on them during the weekend to see if some form of mentoring might be helpful.
- If anyone is having licensing problems, feel free to drop me an email and I will see if I can help with the process.



# Applicant's Medical History

(To be completed by Applicant)

**Applicant:** For the purpose of obtaining a SCCA Competition License, complete this page legibly and in its entirety. Failure to complete the information will delay processing of your license. The examining physician must complete the second page of this form.

Member # \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

**PLEASE INDICATE IF YOU EVER HAD, OR HAVE NOW, ANY OF THE FOLLOWING:**

Do You Have or Have You Ever Had?	Yes	No	Do You Have or Have You Ever Had?	Yes	No
Frequent or severe headaches			Any drug, narcotic, or alcohol problems		
Unconsciousness for any reason			Psychiatric/mental health problems		
Dizziness or fainting spells			Eye trouble (except glasses)		
Epilepsy or seizures			Asthma		
Coronary artery disease or angina			Diabetes requiring insulin		
Heart valve disease			Anemia or other blood diseases		
Left Bundle Branch Block (heart)			Including abnormal bleeding		
Abnormal cardiac rhythms			Admission to a hospital in the past 12 months for any reason		
High Blood pressure			Allergy(s) to medications		
Operation(s) on brain			List:		
Operation(s) on heart			Routine use of Pain Medication		
Operation(s) on eyes, nerves, blood Vessels, or bone			Amputations/physical disability		
Previous waiver(s) from SCCA, NASA, or other sanctioning body for medical condition(s) list:			Illness(es) not listed above		
			List:		
			Do you require the use of supplemental oxygen or other external breathing device?		
			Previous denial(s) from SCCA, NASA, or other sanctioning body due to Medical reasons		

**Blood Thinner Medication (circle) YES NO**

Comments and details of any condition noted above (Use the fourth page for any explanations that do not fit here) Medication Used (including eye drops) \_\_\_\_\_

**Members Signature** \_\_\_\_\_ **Date** \_\_\_\_\_