

PHYSICAL EXAMINATION FORM FOR A COMPETITION LICENSE

(To be filled out on both sides by examining physician and returned to candidate.)

Dear Doctor: You are being asked to examine this candidate who wishes to take part in motor racing events in which it will be possible for him to drive a competition car at extremely high speeds under the most exacting conditions. Please, therefore, examine carefully and critically, and recommend him only if you are completely satisfied in all respects. An appeal procedure exist whereby he may take the matter up with physicians experienced in racing should you disapprove him. You will thus be doing not only the applicant but our sport and yourself a service by conducting this examination as carefully as possible.

ALL CANDIDATES AGE 40 AND OVER MUST HAVE AN EKG AS PART OF THIS EXAMINATION.

Candidates having the following afflictions must be reviewed:

- | | | |
|--------------------------|-------------------------------|--|
| 1. Diabetes. | 5. History of heart attack. | 9. All gross deformities subject to listing |
| 2. Epilepsy.. | 6. Loss of extremity or eye | 10. Less than 20/30 corrected vision in the better eye |
| 3. Spasmodic. | 7. Psychological problems. | 11. Blood pressure: Diastolic over 100, systolic over 170. |
| 4. Loss of color vision. | 8. Alcohol or drug addiction. | |

Name _____ Age _____ Birthdate _____

Street Address _____ City/State/Zip _____

Sex _____ Height _____ Weight _____ Color of Hair _____ Color of Eyes _____

Normal	Check each item in appropriate column (enter NE if not evaluated)	Abnormal	25. DISTANT VISION
	1. Head, face, neck and scald		Right eye - 20/ Corrected to 20/
	2. Nose		Left eye - 20/ Corrected to 20/
	3. Sinuses		Both eyes - 20/ Corrected to 20/
	4. Mouth and throat		26. & 27. Intraocular Tension:TACTILE
	5. Ears, general		Right eye
	6. Drums (perforation)		Left eye
	7. Eyes, general (visual acuity under item 25)		28. Field of vision
	8. Ophthalmoscopic		Right eye
	9. Pupils (equality and reaction)		Left eye
	10. Ocular mobility {associated parallel movement, nystagmus		29. Color Vision (test)
	11. Lungs and chest (including breast)		30. BLOOD PRESSURE
	12. Heart size (thrust, size, rhythm, sounds)		
	13. Vascular system		Systolic
	14. Abdomen and viscera (including hernia)		Diastolic
	15. Anus and rectum		31. PULSE Resting
	16. Endocrine system		After exercise
	17. G-U system		2 minutes after exercise
	18. Upper and lower extremities (strength and range of motion)		32. URINALYSIS
	19. Spine, other musculoskeletal		Albumin
	20. Identifying body marks, scars, tattoos		Sugar
	21. Skin and lymphatics		33. Othefests
	22. Neurologic (tendon reflexes, equilibrium, senses, coordination, etc.)		
	23. Psychiatric (specify any personality deviation)		34. EKG results (40 and over)
	24. General systemic		Normal Abnormal

35. Medical treatment within the past 5 years:

Date	Name and address of physician consulted	Reason

36. COMMENTS ON HISTORY AND FINDINGS:

RE-EXAMINATION: It shall be the responsibility of the applicant to present himself for re-examination as follows:

1. Upon the expiration of his current medical examination form as required by the current GCR.
2. Following any significant illness, injury or hospitalization.

REMARKS: _____

The applicant should have no established medical history or clinical diagnosis that may reasonably be expected, within one (1) year after finding, to make him (her) unable to perform the duties as described above. On the basis of the above information, and mindful of the note addressed to me, I make the following recommendation:

- That the applicant is physically and psychologically fit to drive a racing car in competitive events at high speeds.
- That the applicant be reviewed by the Medical Committee.

That the applicant is NOT physically and or psychologically fit to drive a racing car in competitive events at high speeds. **CANDIDATES WHO HAVE HAD A MYOCARDIAL INFRACTION, WHO ARE DIABETIC AND TAKE INSULIN, OR WHO HAVE ANY OF THE 11 CONDITIONS LISTED ABOVE MUST BE REFERRED TO THE MEDICAL REPRESENTATIVE.**

Signed _____ (examining physician)

Date _____ Address _____