



## 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)		Systolic _____
	13. Vascular system		Diastolic _____
	14. Abdomen and viscera (including hernia)		31. PULSE Resting _____
	15. Anus and rectum		After exercise _____
	16. Endocrine system		2 minutes after exercise _____
	17. G-U system		32. URINALYSIS
	18. Upper and lower extremities (strength and range of motion)		Albumin _____
	19. Spine, other musculoskeletal		Sugar _____
	20. Identifying body marks, scars, tattoos		33. Othefests _____
	21. Skin and lymphatics		
	22. Neurologic (tendon reflexes, equilibrium, senses, coordination, etc.)		34. EKG results (40 and over)
	23. Psychiatric (specify any personality deviation)		Normal _____ Abnormal _____
	24. General systemic		

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 \_\_\_\_\_



### Applicant's Medical History

Name	Age	Date of Birth	Sex
Street Address	City/State/Zip		Single Married Widowed Divorced
Region of Record	Occupation		
Your Personal Physician	Address		
Examining Physician (today)	Address		

A. Have you been treated for, have you ever had, or have you now any of the following? (For each "yes" checked, describe or explain below or on separate sheet.)

YES		NO
_____	1. Frequent or severe headaches	_____
_____	2. Dizziness or fainting spells	_____
_____	3. Unconsciousness for any reason	_____
_____	4. Eye trouble, except glasses	_____
_____	5. Hay fever	_____
_____	6. Asthma	_____
_____	7. Allergy to medications or other drugs in addition to hay fever and asthma	_____
_____	8. Diabetes—insulin and how much	_____
_____	9. Heart trouble	_____
_____	10. High or low blood pressure	_____
_____	11. Anemia or other blood diseases, including abnormal bleeding	_____
_____	12. Stomach trouble	_____
_____	13. Kidney stone or blood in urine	_____
_____	14. Sugar or albumin in urine	_____
_____	15. Epilepsy or fits	_____
_____	16. Nervous trouble of any sort	_____
_____	17. Any mental trouble	_____
_____	18. Any drug or narcotic habit	_____
_____	19. Excessive drinking habit	_____
_____	20. Attempted suicide	_____
_____	21. Motion sickness requiring drugs	_____
_____	22. Admission to hospital within the last 12 months	_____
_____	23. Operations involving eyes, brain, heart, nerves or blood vessels	_____
_____	24. Amputation or physical disability	_____
_____	25. Other illnesses	_____
_____	26. Immunization against tetanus (by toxoid)—list date below	_____
_____	27. Tetanus boosters—list dates below	_____
_____	28. Rejection for life insurance	_____
_____	29. Medical rejection from or for military service	_____
_____	30. Military medical discharge	_____
_____	31. Disability compensation from the Veterans Administration, compensation insurance company, or any government agency.	_____

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

B. List any medication currently used (including eye drops). \_\_\_\_\_

C. Have you had an automobile accident, including racing, in the past two (2) years? If yes, explain or describe. \_\_\_\_\_

This is to certify that the above statements are true and accurate. I also give permission to any hospital, institution or physician to furnish any information relative to my condition.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS' SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 (Examining Physician)