

**SPORTS CAR MEDICAL EXAMINATION FORM FOR SPORTS CAR DRIVERS LICENSE**  
**(To be filled out by examining physician and returned to candidate)**

Doctor:

You are being asked to examine this candidate for an international racing license. If you find him/her physically and psychologically fit, and he/she passes his/her other tests, he/she will then be granted a license, which will enable him/her to drive a competition car at extremely high speeds under the most exacting conditions. Please therefore, examine him/her carefully and critically, and recommend him/her only if you are completely satisfied in all respects. An appeal procedure exists whereby he/she may take the matter up with physicians experienced in racing should you disapprove him/her. You will thus be doing not only the applicant but also our sport and yourself a service by conducting this examination as carefully as possible. **ALL CANDIDATES OVER THE AGE OF 40 SHOULD HAVE AN EKG AS PART OF THIS EXAMINATION AT THE DISCRETION OF THEIR PERSONAL MD.** Candidates having the following afflictions must be referred to the National Medical Committee for review.

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

CANDIDATES WHO HAVE HAD A MYOCARDIAL INFARCTION, WHO ARE DIABETIC AND TAKE INSULIN OR WHO HAVE ANY OF THE 11 CONDITIONS LISTED ABOVE MUST BE REFERRED TO THE NATIONAL MEDICAL COMMITTEE THROUGH SPORTS CAR.

Name \_\_\_\_\_ Address \_\_\_\_\_ Birth Date \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Color 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 Scalp		Right Eye-20/      Corrected to -20/ Left Eye-20/      Corrected to -20/
	2. Nose		Both Eyes-20/      Corrected to -20/
	3. Sinuses		26. & 27. Intraocular Tension: TACTILE
	4. Mouth and Throat		Right Eye -
	5. Ears, General		Left Eye -
	6. Drums (perforation)		28. Field of Vision
	7. Eyes, General (visual acuity under item 25)		Right Eye -
	8. Ophthalmoscopic		Left Eye -
	9. Pupils (equality and reaction)		29. Color Vision (test)
	10. Ocular Motility (associated parallel movement, nystagmus)		
	11. Lungs and Chest (*including breasts)		
	12. Heart Size (thrust, size, rhythm, sounds)		30. BLOOD PRESSURE
	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 Muscle Skeleton		Albumin -
	20. Identifying Body Marks, Scars, Tattoos		Sugar -
	21. Skin and Lymphatics		33. Other Tests
	22. Neurologic (tendon reflexes, equilibrium, senses, coordination, etc.)		*34. EKG Results
	23. Psychiatric (specify & personality deviation)		
	24. General Systemic		Normal                      Abnormal
			*If Applicable

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:

- Upon the expiration of his current medical examination form at end of year.
- Following any significant illness, injury or hospitalization.

Remarks (additional sheets may be attached) \_\_\_\_\_

The applicant should have no established medical history or clinical diagnosis that may reasonably be expected, within 1 year after finding, to make him/her unable to perform the duties or exercise the privileges of a SPORTS CAR Driver's License.

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 automotive events at high speeds.
- \_\_\_\_\_ That the applicant be reviewed by the National Medical Committee.
- \_\_\_\_\_ That the applicant is NOT physically and/or psychologically fit to drive a racing car in competitive events at high speeds.

Signed: \_\_\_\_\_ M.D. – D.O.

Date: \_\_\_\_\_ Address \_\_\_\_\_

(If signed by D.O., state in which licensed must be indicated)