



# MEDICAL FORM 2016 - 2017

**Note: If you are 60 years old or older, you must submit a Medical ANNUALLY for W2W competition.**

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

M.C. Lic. # \_\_\_\_\_  
 M.C Lic. Type \_\_\_\_\_

### MEDICAL HISTORY

Have you ever had, been treated for, or now have any of the following?

Fainting Spells	Epilepsy / seizures	Asthma	Head injury	Heart Trouble	Heat Stroke
Loss of consciousness	High blood pressure	Diabetes	Kidney Disease	Chest Pain	Take Insulin

IF YES, EXPLAIN: \_\_\_\_\_

Do you take any medications, either prescription or over the counter? YES NO

IF YES, EXPLAIN: \_\_\_\_\_

Do you have any allergies? YES NO

IF YES, EXPLAIN: \_\_\_\_\_

Have you had any operations / hospitalizations in the last 12 months? YES NO

IF YES, EXPLAIN: \_\_\_\_\_

### THE FOLLOWING TO BE COMPLETED AND SIGNED BY A M.D., D.O., PA-C or NP

Attention Examiner: While performing this exam, please keep in mind that racing cars is very stressful, both mental and physical. The driver can be in a confined space, experience an elevated heart rate and be exposed to temperatures approaching 140 degrees Fahrenheit while wearing multi-layer flame retardant clothing.

Blood Pressure _____	V	Uncorrected	Corrected	Field of Vision
	I	Right	20/_____	Right _____
Resting pulse _____	S	Left	20/_____	Left _____
With exercise _____	O	Both	20/_____	
2 min later _____	N			

Do you recommend the driver wear corrective lenses when driving? YES NO

Neurological (reflexes, motor, equilibrium, coordination) \_\_\_\_\_

Heart \_\_\_\_\_ Abdomen \_\_\_\_\_

Lungs \_\_\_\_\_ Hernia \_\_\_\_\_

Urine: sp. Gr \_\_\_\_\_ Alb \_\_\_\_\_ Sugar \_\_\_\_\_

(To be done if hypertension, diabetes or renal disease is present).

(Examiner's option:    Electrocardiogram results    NORMAL    ABNORMAL)

Explain: \_\_\_\_\_

It is my opinion that the above applicant    IS    IS NOT    physically fit to drive an automobile at high speeds.

SIGNED: \_\_\_\_\_ Date: \_\_\_\_\_

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