



YOUR MOTORSPORTS JOURNEY BEGINS HERE

MEDICAL FORM 2019 - 2020

Note: If you are 70 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, Take Insulin, Kidney Disease, Chest Pain

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.

Vision

Table with columns: Blood Pressure, Resting pulse, With exercise, 2 min later, Right, Left, Both, Uncorrected, Corrected, Field of Vision

Do you recommend the applicant 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 physically fit to drive an automobile at high speeds.

SIGNED: Printed Name: Date:

Address: