

MEDICAL FORM
2021 - 2022

Note: If you are 70 years old or older, you must submit a Medical ANNUALLY for W2W competition.

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 _____

Any operations/hospitalizations in the last 12 months? YES NO

IF YES, EXPLAIN _____

THE FOLLOWING TO BE COMPLETED AND SIGNED BY AN MD, DO, 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).

(Physician's option: Electrocardiogram results NORMAL ABNORMAL)

Explain _____

Remove below this line and submit to the Licensing Director

Driver Name: _____ MC License #: _____
Address: _____ MC License Type: _____
City, St Zip: _____ Date of Birth: _____ (mm/dd/yy)

THIS PORTION BELOW TO BE FILLED OUT BY MEDICAL EXAMINER

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

Print Examiner Name _____ Date _____

Address _____

Examiner Signature _____ **2021 - 2022**