



MEDICAL FORM 2018 - 2019

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	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/_____	
Resting pulse _____	S			Right _____
	I	Left	20/_____	
With exercise _____	O			Left _____
	N	Both	20/_____	
2 min later _____				

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: _____