



YOUR MOTORSPORTS JOURNEY BEGINS HERE  
WWW.MCSCC.ORG

MEDICAL FORM 2023

- Ages 14 – 39 – Medical valid for 5 years
• Ages 40 – 49 – Medical valid for 3 years
• Ages 50 – 69 – Medical valid for 2 years
• Ages 70+ - Medical valid for 1 year

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/
S Left 20/
With exercise O Both 20/
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).

(Physician's option: Electrocardiogram results NORMAL ABNORMAL)

Explain

Remove below this line and submit to the Licensing Director, NOT VALID if not COMPLETED in FULL

Drivers Name: MC License Type:

Address: MC License #:

City/State/Zip Date of Birth: (mm/dd/year)

THE PORTION BELOW IS REQUIRED TO BE FILLED OUT IN FULL 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 2023