

**PHYSICAL EXAMINATION FORM  
ATLANTIC REGION MOTOR SPORTS INC. COMPETITION LICENSE**

Dear Doctor:

You are being asked to examine this applicant for a Racing License for ATLANTIC REGION MOTOR SPORTS Inc. If you find the applicant physically and psychologically fit and he/she passes his/her other tests, he/she will then be granted a license which will enable him/her to drive a competition car at extremely high speeds under the most exacting conditions. Not his/her own life, but quite possibly the lives of many others will depend upon his/her receiving this license, a vital part of which depends on you. Therefore, please examine him/her carefully and critically and recommend him/her only if you are completely satisfied in all respects. An appeal procedure exists whereby he/she may take the matter up with physicians experienced in racing should you not approve him/her. By conducting this examination as carefully as possible you will not only be doing the applicant a service but our sport as well.

**Applicants age 40 and over MUST have an Electrocardiogram as part of this examination.**

It is recommended that Applicants age 45 and over obtain a "STRESS EKG". However, as the attending physician and your historical knowledge of the applicant, it is your decision as to whether or not this Applicant requires a "STRESS EKG". ( [    ] I recommend a STRESS EKG / [    ] I DO NOT recommend a STRESS EKG.)

- |   |  |
|---|--|
| 1. Less than 20/30 corrected vision in his/her better eye | 6. Epilepsy  |
| 2. Loss of extremity or eye                               | 7. Spastic   |
| 3. Psychological problems                                 | 8. Blood pressure: Diastolic over 100, Systolic over 170 |
| 4. Alcoholic or Drug addiction                            | 9. History of Heart Attack                               |
| 5. Diabetes   | 10. All gross Deformities subject to listing.            |

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ AGE: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ BLOOD GROUP: \_\_\_\_\_  
 COLOR OF HAIR: \_\_\_\_\_ COLOR OF EYES: \_\_\_\_\_

NORMAL	Check Each Item in Appropriate Box / Enter NE if Not Evaluated	ABNORMAL	
	1. Head / Face / Neck / Scalp		25. Distant Vision:
	2. Nose		Right Eye 20/                      Corrected to 20/
	3. Sinuses		Left Eye 20/                      Corrected to 20/
	4. Mouth and Throat		Both Eyes 20/                    Corrected to 20/
	5. Ears, general		26. Intraocular Tension: Tactile: Right Eye:
	6. Ears / Drums (Perforation)		27. Intraocular Tension: Tactile: Left Eye:
	7. Eyes, general (Visual Acuity under Item 25)		28. Field of Vision: Right Eye:
	8. Ophthalmoscopic		Left Eye:
	9. Pupils (Equality and Reaction)		29. Color Vision (Test)
	10. Ocular Motility (Associated parallel movement nystagmus)		30. Blood Pressure: Systolic:
	11. Lungs and Chest (Including Breasts)		Diastolic:
	12. Heart Size (Thrust / Size / Rhythm / Sounds)		31. Pulse: Resting:
	13. Vascular System		After Exercise:
	14. Abdomen and Viscera (Including Hernia)		2 Min. After Exercise:
	15. Anus and Rectum		32. Urinalysis: Albumin:
	16. Endocrine System		Sugar:
	17. G - U System		33. Other Tests:
	18. Upper & Lower Extremities (Strength and Range of Motion)		34. Electrocardiogram Results (Age 40 & Over)
	19. Spine, Other Muscule Skeletal		Normal:
	20. Identifying Body Marks, Scars Tattoos		Abnormal:
	21. Skin and Lymphatics		35. STRESS EKG RESULTS: (AGE 45 AND OVER)
	22. Neurological (Tendon Reflexes, Equilibrium, Senses, Coordination, etc.)		( BASED ON PHYSICIANS DECISION TO TEST)
	23. Psychiatric (Specify any Personality Deviation)		NORMAL:
	24. General Systemic		ABNORMAL:

36. Medical Treatment Within the Past 5 Years:

DATE	NAME AND ADDRESS OF PHYSICIAN ATTENDED	REASON

37. Comments on History and Findings:


**RE-EXAMINATION:**

It shall be the responsibility of the applicant to present himself/herself for re-examination as follows:

1. Upon the expiration of his/her current medical examination form as required by the current Competition Rules.
2. Following any significant illness, injury or hospitalization.

**REMARKS:** (Additional Sheet May be Attached)


The applicant should have no established medical history or clinical diagnosis that may reasonably be expected, within 2 years after the finding to make him/her unable to perform the duties or exercise the privileges of an Atlantic Region Motor Sports Inc. Competition License. On the basis of the above information, and mindful of the note addressed to me

**I make the following recommendation.**

- \_\_\_\_\_ That the applicant is physically and psychologically fit to drive a racing car in competitive events at high speed.  
 \_\_\_\_\_ That the applicant be reviewed by the Medical Committee.  
 \_\_\_\_\_ That the applicant is **NOT** physically and/or psychologically fit to drive a racing car in competitive events at high speed.

DATE	SIGNED BY M.D.:	ADDRESS:
------	-----------------	----------