NATIONAL COMPETITION LICENSE MEDICAL FORM



Documentation of Physical Exam of	for VMC License			
Date of Examination:				
Applicants date of Birth:				
To The Applicant If you are between 18 and 35 years of age a physical examination is required every 5 years, 36 and older every 2 years. As applicant, you should fill out the needed applicant information this page (the VMC Competition Medical Form) and page 1 of the two-page Physical Examination which is part of this packet. Upon completion of the two-page Physical Examination by your physician, verify that this form has been fully completed and signed by both you and the physician. Then submit this entire form to VMC, mailing it to the Secretary of the VMC, William Taylor at: 5 White Birch, Littleton, CO 80127. However, you should retain a copy of this entire packet for your records should our club (or another you are racing with) wish to inspect it. As applicant, and by signing below, you understand that any alteration or forgery of this document are grounds to invalidate this exam and could result in expulsion from VMC. You hereby authorize your physician to release to VMC any medical information that may affect your ability to safely participate in VMC racing events. You authorize VMC to contact your physician to verify both that this exam was completed and that his recommendation is as shown below. You also agree to notify VMC of changes in your health which may affect your ability to safely participate in vintage racing.				
Signed:	Date:			
To The Examining Physician This exam is required by VMC to assure that the applicant is in good health and can be expected to withstand the rigors of vintage racing. Vintage automobile racing is a speed event involving numerous cars on the track at the same time. The drivers are protected by roll bars, restrained in the car by at least five point harnesses and must wear fire retardant clothing and helmets designed for auto racing. Practice and race sessions typically last 15 to 30 minutes. The racing environment can be very hot and speeds for brief periods can be 90 to 150 mph. If you have questions you may discuss them with the applicant or call the VMC at 303-933-2526. NOTE: all candidates age 50 and over must have an ECG as part of this examination. After reviewing the above applicant's medical history and performing the physical examination prescribed on the attached Physical Examination, please sign both this document and the Physical Exam. I, the examining physician, recommend that the applicant (check one): IS physically and psychologically fit to drive a racecar in competitive events at high speeds, or IS NOT FIT physically and psychologically fit to drive a racecar in competitive events at high speeds. Signed - Examining Physician: Date:				
Printed name:	License #:			
Address:	Phone:			

Documentation of Physical Exam	of	for VMC License
Applicants Medical History (to be c	ompleted by the applicant prior to examination	on)
Name:	Age:	
Street:		
City:	10.1	
State:	D. C. C. C. D. C.	
Zip:		
Phone h:	Hair Color:	
Phone w:	E-mail:	
Personal Physician:	Phone:	
Examining Physician:	Phone:	
Do you currently have a VMC License Yes / No	o. If yes, please enter the number here:	
Have you been treated for, ever h	ad, or now have any of the fol	lowing?
(For each 'YES' checked, describe or explain bel	ow. Attach additional sheets if necessary.)	Yes No
1. Frequent or severe headaches?		
2. Unconsciousness for any reason?		
3. Eye or vision trouble, except glasses?		
4. Color blindness, glaucoma?		
5. Asthma or other serious lung condition?		
6. Allergy to medications or other drugs?		
7. Diabetes I or II - Insulin and how much?		
8. Heart attack, angina, heart failure, heart rhy	thm abnormality?	
9. High or low blood pressure?		
10. Anemia or other blood diseases, including	g abnormal bleeding?	
11. Kidney, urinary tract disease, or stones?		
12. Epilepsy, stroke, or seizure disorder?		
13. Alcoholism or drug abuse?		
14. Admission to hospital within the last 12 m	onths? (explain if yes)	
15. Operations involving eyes, brain, heart, no	erves, or blood vessels?	
16. Amputation or physical disability?		
17. Psychological problems including depres	sion?	
18. Endocrine, hormone or immune system p	roblem?	
19. Have you ever been denied a competition	license? (explain if yes)	
20. Other serious illnesses?		
Explanation or remarks:		
List medications currently used:		

13. Neuralgic (tendon reflexes, equilibrium, senses, coordination, etc)

14. Psychiatric (specify any serious personality deviation)

15. General systemic

Normal

Abnormal

Applicants Medical History (to be completed by the Physician Please respond to all 21 items

Candidates having the following conditions should be given special considerations by the examining physician. Less than 20/30 corrected vision in the better eye - Loss of extremity or vision in an eye - Alcohol or drug abuse - Psychological problems

- Diabetes History of malignant disease Stroke or significant neurological abnormality History of any loss of consciousness Asthma or any serious lung condition Blood pressure (systolic over 155, diastolic over 90) History of heart attack, failure
- Asthma or any serious lung condition Blood pressure (systolic over 155, diastolic over 90) History of heart attack, failure, angina, or rhythm irregularity. Please provide any additional comment on medical history and/or findings on additional sheet.

1. Head, face, neck and scalp	
2. Sinus, mouth and throat	
3. Ears: general, gross hearing loss	
4. Eyes: general (visual acuity under item #16)	
5. Pupils (equality & reaction)	
6. Ocular motility (associated parallel movement)	
7. Lungs and chest	
8. Cardiovascular system	
9. Abdomen	
10. G-U system	
11. Upper & lower extremities (strength and range of motion)	
12. Spine, other musculo-skeletal	

16. Distance Vision	Right Eye - 20/	Corrected to 20/
	Left Eye - 20/	Corrected to 20/
	Both Eyes - 20/	Corrected to 20/
17. Peripheral Vision (see notes below)	Right Eye - degrees	
	Left Eye - degrees	
18. Blood Pressure	Systolic -	
	Diastolic -	
19. Pulse	Resting -	
20. Urinalysis	Protein -	
	Glucose -	
21. ECG Result (provide copy to applicant)	Normal -	
	Abnormal -	
22. For Diabetics Only: HB Alc - %	History of Hypoglycemic Rea	action? - Yes / No
	Peripheral neuropathy?	- Yes / No
	Retinopathy?	- Yes / No

Note on Item 17: Peripheral vision exam by confrontation is a simple procedure. Position yourself so that your face is directly in front and on the same level with the patient, about 2 feet away. Ask the patient to cover one eye and to look at your eye directly opposite. Close your other eye so that your own visual field is roughly superimposed on that of the patient. Bring a pencil or other small object (light) from behind and from the periphery slowly into the patient's field of vision. Ask the patient to indicate when the object appears. Estimate in degrees the point where the patient sees the object to the point where the patient is looking directly ahead. Test the other eye in the same way. Lack of adequate or impaired peripheral vision should be given special consideration.

Signed: (Examining Physician)

Date: