

**VMC**  
**NATIONAL COMPETITION LICENSE**  
**(RECOMMENDED) MEDICAL FORM**



**Documentation of Physical Exam of:** \_\_\_\_\_

**Date of Examination:** \_\_\_\_\_

**Applicants VMC Member Club:** \_\_\_\_\_

**To The Applicant**

If you are between 18 and 35 years of age a physical examination is required every 5 years, for applicants between the ages of 36 and 60 every 2 years and for those over 60 every 13 months. As applicant, you should fill out the required applicant information at the top of this page and page 2 (the two-page Physical Examination).

On completion of the Examination by your physician, verify that this form has been fully completed and signed by both you and the physician on both pages. Then submit this entire form, with your License Application (inc. photograph and check) to your club representative. He will then sign off on you, and forward all the documents 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:**

**LICENSE NUMBER:**  
(for Official use only)

**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 within 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 150mph. If you have questions you may discuss them with the applicant or call the Secretary of the VMC William Taylor at 303-933-2526.

You are being asked to examine this individual who is applying for a vintage auto racing competition license with the Vintage Motorsports Council (VMC). This form concentrates on assessing the organ system and disease processes that may jeopardize the applicant or others attending a competition race event.

The functional requirements of the applicant to drive in a competition automobile are:

1. Brain: The ability for rapid mental activity and problem solving.
2. Limbs: The ability to rapidly operate acceleration, braking and steering mechanisms and to rapidly exit the car without assistance.
3. Vision: Distant Vision correctable to 20/30 each eye, normal depth perception, peripheral vision to 70 degrees in the horizontal median for each eye and the ability to distinguish basic colors.
4. Minimal chance of sudden incapacitation from any disease process.

The environment in which the applicant may operate a competition automobile is:

1. Temperature Extremes from 0 to at least 120 degrees.
2. Smoke, fumes, vapor and dust.
3. Noise and vibration, deceleration and cornering forces.
4. Potential for the presence of fire.

After reviewing the above applicant's medical history and performing the physical examination prescribed on the attached Physical Examination, please sign both this page (below) and the Examination page (2).

**Signed:**

**Date:**

**Documentation of Physical Exam of:** \_\_\_\_\_

**Applicants Medical History** (to be completed by the applicant prior to examination)

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Street: \_\_\_\_\_ Sex: \_\_\_\_\_  
City: \_\_\_\_\_ Weight: \_\_\_\_\_  
State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Zip: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
Phone: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Examining Physician: \_\_\_\_\_  
VMC Member Club: \_\_\_\_\_ Personal Physician: \_\_\_\_\_

Do you currently have a VMC License Yes / No. If yes, please enter the number here: \_\_\_\_\_

**To The Examining Physician**

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After reviewing the notes on page 1 of this form, the applicant's medical history, and performing the physical examination prescribed, please sign both pages of this document.

I, the examining physician, recommend that in my opinion, 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:

Address:

Phone: