



MEDICAL FORM



Dear Doctor,

You are being asked to examine this applicant for the purpose of obtaining competition racing privileges. This form concentrates on conditions and disease processes that could lead to injury or even the death of the applicant during high speed driving at a competition racing event and possibly put others at risk who are participating in, working at, or attending such event.

From a physical point of view, a driver must have:

1. **musculoskeletal integrity** - physical ability to rapidly operate the mechanical systems of the race car (assist devices allowed on case by case basis)
2. **good vision** - distant vision correctable to 20/30 in each eye, normal depth perception, ability to distinguish basic colors (red, green, yellow, blue and black flags are used to signal drivers when on the course), and peripheral vision to 70 degrees in the horizontal median for each eye
3. **good general health** - minimal chance of sudden incapacitation from any disease or from drug therapy for ongoing treatment of stable chronic disease
4. **mental acuity** - the ability for rapid mental activity and problem solving.

The applicant must be able to operate a race car in an environment which may contain:

1. high heat (temperatures in race cars may exceed 20 degrees over ambient)
2. presence of fumes, noxious vapors, and dust
3. very loud noise levels, high "G forces" and vibration
4. risk of collision, flying debris and fire

With the above listed requirements and conditions in mind special consideration should be given by the physician to the applicant who has any of the following conditions:

loss of extremity or eye	alcohol or drug addiction	diabetes
high blood pressure	psychological problems	asthma
cardiac illness	neurological problems	epilepsy
ongoing drug therapy	stroke hx. with sequela	COPD

Cardiac examination: base-line EKG is required with the first physical exam upon reaching age 36. If applicant starts racing after age 36, baseline EKG is required at the time of the first physical exam. At age 50, a stress EKG (treadmill) is very strongly recommended with every physical exam (age 50, 52, etc.) and with every other physical exam starting with the age of 60 (62, 64, etc.). The examining physician may require an EKG or stress EKG at any age depending on history and physical examination findings.

Frequency of examination: applicants are required to have a medical examination:
every two (2) years for those 18-35 years of age (no EKG required)
every two (2) years for those 36-49 years of age (baseline EKG with 1st exam)
every two (2) years for those 50-59 years of age (stress EKG strongly recommended)
each year starting at age 60 (stress EKG strongly recommended with every other exam)

Applicant's Medical History

Applicant's Name _____ Spouse's Name _____

Address _____

Sex (M / F) _____ Date of Birth ____ / ____ / ____ Occupation _____

Have you been treated for, ever had, or have you now, any of the following?

(For each "YES" checked, describe or explain below or on the back of this sheet)

Yes	Condition or disease	No
	1. Frequent or severe headaches, dizziness or fainting spells	
	2. Epilepsy or stroke, unconsciousness for any reason	
	3. Eye problems (not including glasses), color blindness	
	4. Asthma or other breathing problems, shortness of breath, lung disease	
	5. Diabetes (insulin dependent?)	
	6. Heart attack, angina, heart failure, irregular heart beat	
	7. High or low blood pressure	
	8. Anemia or other blood diseases, tendency to bleed	
	9. Kidney or urinary tract disease	
	10. Hospital stay in last 12 months	
	11. Operations involving eyes, brain, heart, nerves or blood vessels	
	12. Allergy to medications	
	13. Amputation or physical disability	
	14. Alcoholism or drug abuse	
	15. Other serious illnesses	

16. Date of last Tetanus booster _____ 17. Blood type (if known) _____

Remarks (use back of page if necessary) _____

Medicines currently used (including eye drops) _____

I certify all of the above statements are true and accurate. I authorize to any hospital, institution or physician permission to release medical information which might have bearing on my ability to drive a vintage race car in competitive events. I also agree to notify the organization holding this medical form of any changes which occur during the life of this medical certification which might affect my ability to safely race a car at speed.

Applicant's Signature _____ Date _____

Physical Examination for VARA

(to be filled out by examining physician)

Name of Personal Physician (if different from examining physician) _____

Personal Physician's Address _____

Normal	Check each item in appropriate column	Abnor.	
	1. Head, face, neck and scalp		21. Height (ft. & in.) -
	2. Nose		22. Weight (lbs.) -
	3. Sinuses		23. Distance Vision Right eye - 20/ corrected to 20/ Left eye - 20/ corrected to 20/
	4. Mouth and throat		24. Peripheral Vision Right eye - _____ degrees Left eye - _____ degrees
	5. Ears: general, gross hearing loss		25. Blood Pressure Systolic - _____ Diastolic - _____
	6. Ear drums (intact?)		26. Pulse Resting - _____ After exercise (eg: 10 sit ups) - _____
	7. Eye: general (visual acuity under item #23)		27. Urinalysis Albumin - _____ Sugar - _____
	8. Pupils (equality & reaction to light & accommodation)		28. EKG results (if applicable) Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>
	9. Ocular motility (associated parallel movement)		29. Stress EKG (Treadmill) Results Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>
	10. Lungs and chest		
	11. Cardiovascular system		
	12. Abdomen		
	13. Endocrine system		
	14. G-U system		
	15. Extremities (strength, range of motion)		
	16. Spine, other musculo-skeletal		
	17. Neurologic (reflexes, equilibrium, coordination, etc.)		
	18. Skin and lymphatic		
	19. Psychiatric		
	20. General systemic		

The applicant should have no established medical history and/or clinical diagnosis that might reasonably be expected to make him/her unable to perform the rigors of competitive vintage racing during the two years (one year if over 60 years of age) that this exam will be in effect.

On the basis of my exam and the history that was provided by the applicant, I recommend that the applicant

- is physically and psychologically fit to drive a race car in competitive events at high speeds
- is **NOT** physically and/or psychologically fit to drive a race car in competition at high speeds.

Examining Physician's
Signature _____ Date _____

Name (printed) and address stamp _____

Address _____

