

PHYSICAL EXAMINATION FORM for the Formula Race Car Club of America

(To be filled out on both sides by examining Physician and returned to Applicant)

Dear Doctor,

You are being asked to examine this applicant for a racing license for the FORMULA RACE CAR CLUB OF AMERICA. If you find him/her physically and psychologically fit, he/she will then be granted a license, which will enable him/her to drive a competition racecar at extremely high speeds. Not only his/her own life but also quite possibly the lives of many others will depend on whether he/she receives a license. Therefore, please examine him/her thoroughly and critically and recommend him/her only if you are completely satisfied in all respects. An appeal procedure exists whereby he/she may the matter with physicians experienced in racing should you disqualify him/her. You may thus be doing not only the applicant, but also the sport and yourself a service by conducting this examination as carefully as possible.

ALL APPLICANTS AGE 40 AND OVER MUST HAVE AN EKG AS PART OF THIS EXAMINATION.

Applicants having the following afflictions must be referred to the Divisional Medical representative for review.

- | | |
|--|--|
| 1. Less than 20/30 corrected vision in the better eye. | 7. Spasmodic |
| 2. Loss of extremity or eye | 8. Blood Pressure: Diastolic over 100. Systolic over 170 |
| 3. Psychological problems | 9. History of Heart Attacks |
| 4. Alcoholic or drug addiction | 10. All gross deformities subject to listing |
| 5. Diabetes | 11. Loss of color vision |
| 6. Epilepsy | |

NAME _____ AGE _____ DATE of BIRTH _____

STREET ADDRESS _____ CITY/STATE/ZIP _____

SEX _____ HEIGHT _____ WEIGHT _____ COLOR of HAIR _____ COLOR of EYES _____

NORMAL	Check each item in appropriate column (enter NE if not evaluated)	ABNORMAL
	1. Head Face Neck & Scalp	
	2. Nose	
	3. Sinuses	
	4. Mouth & Throat	
	5. Ears, general	
	6. Drums (peroration)	
	7. Eyes, general (visual acuity under item 25)	
	8. Ophthalmoscope	
	9. Pupila (equality & reaction)	
	10. Ocular motility (associated parallel movement, nystagmus)	
	11. Lungs & chest (including breast)	
	12. Heart size (thrust, size, rhythm, sounds)	
	13. Vascular	
	14. Abdomen & viscera (including hernia)	
	15. Anus & rectum	
	16. Endocrine system	
	17. G - U system	
	18. Upper & Lower extremities (strength & range of motion)	
	19. Spine other muscle skeletal	
	20. Identifying body marks, scars, tattoos	
	21. Skin & lymphatics	
	22. Neurologic (tendon reflexes, equilibrium, senses, coordination, etc.)	
	23. Psychiatric (specify & personality deviation)	
	24. General systemic	

25. Distant vision
Right eye 20/ Corrected to 20/
Left eye 20/ Corrected to 20/
Both eyes 20/ Corrected to 20/
26. & 27. Intraocular Tension. Tactile
Right eye -
Left eye -
28. Field of vision
Right eye -
Left eye -
29. Color vision (test)
30. Blood Pressure -
Blood type
Systolic -
Diastolic -
31. Pulse Resting -
After exercise -
2 minutes after exercise -
32. Urinalysis
Albumin -
Sugar -
33. Other tests
34. EKG results (40 & over)
Normal - Abnormal -

35. Medical treatment within the past 5 years.
 Date _____ Name and address of Physician consulted _____ Reason _____

36. Comments & History & findings _____

RE-EXAMINATION

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

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

REMARKS - (additional sheets may be attached) _____

* *The applicant should have no established medical history or clinical diagnosis that may reasonably be expected within 2 years after finding, to him/her unable to perform the duties or exercise the privileges of an FRCCA competition license.

On the basis of the above information, and mindful of the note addressed to me, I make the following recommendations.

- _____ That the applicant is physically and psychologically fit to drive a racing car in competitive automotive events at high speeds.
- _____ That the applicant be reviewed by the Formula Race car Club of America Medical Committee.
- _____ That the applicant is NOT physically and/or psychologically fit to drive a racing car in competitive automotive events at high speeds.

CANDIDATES WHO HAVE HAD A MYOCARDIARDIAL INFRACTION, WHO ARE DIABETIC AND TAKE INSULIN OR WHO HAVE ANY OF THE 11 CONDITIONS LISTED ABOVE, MUST BE REFERRED TO THE DIVISIONAL MEDICAL REPRESENTATIVE.

Signed _____ (examining physician)

Date _____ Address _____

(continued on other side)

APPLICANT'S MEDICAL HISTORY – for an FRCCA Competition License

Name _____ Age _____ Date of Birth _____ Sex _____

Street Address _____ City/State/zip _____

Region of Record _____ Occupation _____ Marital Status
S M Div. Widow

Personal Physician _____ Address _____ Phone _____

Examining Physician _____ Address _____ Phone _____

A. Have you been treated for, have you ever had or have you now, any of the following? For each 'YES' checked describe or explain below or on a separate sheet.

YES		NO
_____	1. Frequent severe headaches	_____
_____	2. Dizziness or fainting spells	_____
_____	3. Unconsciousness for any reason	_____
_____	4. Eye trouble except for glasses	_____
_____	5. Hay Fever	_____
_____	6. Asthma	_____
_____	7. Allergy to medications or other drugs in additional to Hay Fever	_____
_____	8. Diabetes – insulin and how much	_____
_____	9. Heart trouble	_____
_____	10. High or Low blood pressure	_____
_____	11. Anemia or other blood diseases including abnormal bleeding	_____
_____	12. Stomach trouble	_____
_____	13. Kidney stone or blood in urine	_____
_____	14. Sugar or Albumin in urine	_____
_____	15. Epilepsy or fits	_____
_____	16. Nervous troubles of any sort	_____
_____	17. Any mental trouble	_____
_____	18. Any drug or narcotic habit	_____
_____	19. Excessive drinking habit	_____
_____	20. Attempted suicide	_____
_____	21. Motion sickness requiring drugs	_____
_____	22. Admission to hospital	_____
_____	23. Operations involving eyes, brain, heart, nerves or blood vessels	_____
_____	24. Amputation or physical disability	_____
_____	25. Other illnesses	_____
_____	26. Immunization against tetanus [by toxoid] – list date below	_____
_____	27. Tetanus boosters – list dates below	_____
_____	28. Rejection for Life Insurance	_____
_____	29. Medical rejection from or for military service	_____
_____	30. Military Medical discharge	_____
_____	31. Disability compensation from the Veterans Administration, compensation insurance company or any government agency.	_____
_____	32. Previous waiver for medical defects from FRCCA, (explain)	_____

REMARKS _____

B. List any medication currently used (including eye drops). _____

C. Have you ever had an automobile accident, including racing, in the past two years? If yes, explain or describe. _____

This is to certify that the above statements are true & accurate. I also give permission to any hospital, institution or physician to furnish any information relative to my condition to the FRCCA.

APPLICANTS SIGNATURE _____ Date _____

WITNESS SIGNATURE _____ DATE _____
(examining physician)