

EMRA PHYSICAL EXAMINATION FORM FOR RACING COMPETITION LICENSE

To the Physician:

You are being asked to examine this candidate for a racing license for EMRA. If you find him/her physically and psychologically fit, and he/she passes the additional driving 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 only his/her own life but quite possibly the lives of many others will depend on whether or not he/she receives a competition license. Please, therefore, examine the candidate carefully and critically and recommend him/her ONLY if you are completely satisfied in all respects. You will be doing not only the applicant, but our sport, and yourself a service by conducting this examination as carefully as possible.

ALL CANDIDATES AGE 40 AND OVER SHOULD HAVE AN EKG AS PART OF THIS EXAMINATION AT THE DISCRETION OF THEIR PERSONAL M.D.

Candidates having the following afflictions must be referred to the EMRA Board for review:

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

Name: _____ Age: _____

Street Address: _____ City/State/Zip: _____

Sex: _____ Height: _____ Weight: _____ Hair color: _____ Eye color: _____

Check each item in appropriate column	Normal	Abnormal	Not Evaluated	
1. Head, face, neck and scalp				
2. Nose				
3. Sinuses				
4. Mouth and Throat				
5. Ears, general				
6. Eardrums (perforation)				
7. Eyes, general (visual acuity under item 24)				
8. Pupils (equality and reaction)				
9. Ocular motility (associated parallel movement, nystagmus)				
10. Lungs and chest (including breast)				
11. Heart (thrust, size, rhythm, sounds)				
12. Vascular system				
13. Abdomen and viscera (including hernia)				
14. Anus and rectum				
15. Endocrine System				
16. G-I system				
17. Upper and lower extremities(strength and range of motion)				
18. Spine and muscle, skeletal				
19. Identifying body marks, scars, tattoos				
20. Skin and lymphatics				
21. Neurologic(tendon reflexes, equilibrium, senses, coordination)				
22. Psychiatric (specify any personality deviation)				
23. General Systemic				
24. Distant Vision	25. Field of Vision	27. Blood Pressure:	28. Pulse:	29. Urinalysis :
R: 20/____	Right: _____	Systolic: _____	Resting: _____	Albumin: _____
L: 20/____	Left: _____	Diastolic: _____	After Exercise: _____	Sugar: _____
Both: 20/____	26. Color Vision(Y / N)		2min After: _____	
30. Other Tests:			31. EKG Results: NORMAL ABNORMAL	

32. Medical treatments within the past 5 years:

Date:	Name and Address of Physician Consulted:	Reason:

33. Comments on history and findings: _____

Re-examination:

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

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

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

On the basis of the above information, and mindful of the note addressed to me above, I make the following recommendation: (Initial ONE)

- _____ That the applicant is physically and psychologically fit to drive a racing car in competitive automotive events at high speeds.
_____ That the applicant is NOT physically and or psychologically fit to drive a racing car in the competitive automotive events at high speeds.
_____ That the applicant be referred to the EMRA board for review

Examining physician signature: _____ Print Name: _____

Date: _____ Address: _____

APPLICANT MEDICAL HISTORY FOR EMRA COMPETITION LICENSE

NAME: _____ AGE: _____ DATE OF BIRTH: _____ SEX: _____
 STREET ADDRESS: _____ CITY/STATE/ZIP: _____
 OCCUPATION: _____ EMRA CLUB MEMBER? _____
 YOUR PERSONAL PHYSICIAN: _____ ADDRESS: _____
 EXAMINING PHYSICIAN (TODAY): _____ ADDRESS: _____

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 or severe headaches		
2. Dizziness or fainting spells		
3. Unconsciousness for any reason		
4. Eye trouble, except glasses/contacts		
5. Hay fever		
6. Asthma		
7. Allergy to medications or other drugs other than hay fever and asthma		
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 trouble 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 within the last 12 months		
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		
27. Tetanus booster – List date		
28. Rejection for life insurance		
29. Military medical discharge		
30. Previous waiver for medical defects from EMRA or another racing organization (explain)		

B. List any medications currently used, including eye drops: _____

C. Have you had an automobile accident, including racing in the past two years? Y N Explain: _____

Remarks: _____

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

Applicant Signature: _____ Date: _____

Witness's Signature: _____ Date: _____