

Vintage Racers Group

Vintage Racing License 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 care (assist devices allow on a 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 requirement and conditions in mind, special considerations should be given by the physician to the candidate who has any of the following conditions:

Loss of extremity or eye	Alcohol or drug addition	Diabetes
High blood pressure	Psychological problems	Asthma
Cardiac disease	Neurological problems	Epilepsy
Ongoing drug therapy	Loss of color vision	Spasmodic
History of heart attack	Stroke hx. with sequela	COPD

Cardiac examination: Base-line EKG is required with the first physical exam upon reaching age 40. If applicant starts racing after age 40, baseline EKG is required at the time of the first physical exam. After age 50, a stress EKG (treadmill) is strongly recommended with every other physical exam (age 60, 62, 64, etc.). *The examining physician may require and EKG or stress EKG at any age depending on history and physical examination findings.*

Vintage Racers Group Physical Examination Form

(To be filled out by examining physician)



Name _____ VRG Membership # _____
 Street Address _____
 City _____ State _____ Zip _____
 Age _____ Birth date _____ Sex _____ Height _____ Weight _____
 Eye Color _____ Hair Color _____

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

Normal	Check each item in appropriate column (enter NE if not evaluated)	Abnormal
	1. Head, face, neck and scalp	
	2. Nose	
	3. Sinuses	
	4. Mouth and throat	
	5. Ears: general, gross hearing loss	
	6. Ear drums (intact?)	
	7. Eyes, general (visual acuity under item 25)	
	8. Ophthalmoscopic	
	9. Pupils (equality and reaction to light & accommodation)	
	10. Ocular motility (associated with parallel movement, nystagmus)	
	11. Lungs and chest (including breast)	
	12. Heart size (thrust, size, rhythm, sounds)	
	13. Cardiovascular system	
	14. Abdomen and viscera (including hernia)	
	15. Anus and rectum	
	16. Endocrine system	
	17. G-U system	
	18. Upper and lower extremities (strength and range of motion)	
	19. Spine, other musculoskeletal	
	20. Identifying body marks, scars, tattoos	
	21. Skin and lymphatics	
	22. Neurologic (tendon reflexes, equilibrium, senses, coordination, etc.)	
	23. Psychiatric (specify any 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	
	Systolic -	
	Diastolic -	
	31. PULSE	
	Resting -	
	After Exercise -	
	32. URINALYSIS	
	Albumin -	
	Sugar -	
	33. Other Tests	
	34. EKG Results (required for age 40 and over)	
	Rhythm -	
	Abnormalities -	

35. Medical treatment within the past 5 years:

Date	Name and Address of Physician Consulted	Reason
_____	_____	_____
_____	_____	_____

36. COMMENTS ON HISTORY AND FINDINGS: _____

RE-EXAMINATION: It shall be the responsibility of the applicant to present him/her-self for re-examination as follows:

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

REMARKS: _____

The applicant should have no established medical history or clinical diagnosis that may reasonably be expected, within one year after findings to make him/her unable to perform duties as described above. On the basis of the above information, and mindful of the note addressed to me, I make the following recommendation: **check one box below**

- That the applicant is physically and psychologically fit to drive a racing car in competitive events at high speeds.
- That the applicant is NOT physically and/or psychologically fit to drive a racing car in competitive events at high speeds.

Examining Physician Signature: _____ Date: _____

Examining Physician: _____ Address: _____
 (please print name or use address stamp)

Applicant's Medical History

(to be filled out by candidate)



Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Occupation _____
 Age _____ Birth date _____ Sex _____
 Primary Care Physician _____ Address _____
 Examining Physician (today) _____ Address _____

A. Have you been treated for, have you had or do you now have any of the following?
 (for each YES checked, explain below or attach 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), color blindness
		5. Hay fever
		6. Asthma or other breathing problems, shortness of breath, lung disease
		7. Allergies to medication
		8. Diabetes (Insulin and how much)
		9. Heart trouble, heart attack, angina, heart failure, irregular heart beat
		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 in 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) Date of last tetanus:
		27. Tetanus boosters list dates
		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. Blood type

REMARKS: _____

B. List all medications currently used and dosage (including eyedrops): _____

C. Have you had an automobile accident, including racing, in the past 2 years? If yes please explain:

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 the Vintage Racers Group (VRG).

Applicant's Signature _____ Date _____