

# PHYSICAL EXAMINATION FORM FOR ASCC COMPETITION LICENSE APPLICATION

(To be filled out on both pages by examining physician and returned to applicant)

To Physician: This form is part of an application for automobile competition license with the Alaska Sports Car Club. If he is found to be physically fit, and he/she passes other tests, a competition license will be granted allowing participation in competition at very high speeds under race conditions alongside other competitors. Not only his life, but the lives of others may depend on whether or not he is physically able to control his vehicle under these highly exacting conditions. Please examine him carefully and critically, and recommend him/her only if you are completely satisfied in all respects. An appeal procedure exists whereby an applicant may be reviewed further should you disapprove the physical examination. You will be doing the applicant, our sport and yourself a service by conducting this examination as carefully as possible.

IT IS SUGGESTED THAT ALL APPLICANTS AGE FORTY AND OVER SHOULD HAVE AN EKG AS PART OF THIS EXAMINATION, AT THE DISCRETION OF THEIR PERSONAL PHYSICIAN

Applicants having the following afflictions must be referred to the ASCC Competition Rules Committee for further 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. Alcoholic or drug addiction                         | 9. History of heart attack.                              |
| 4. Diabetes.   | 10. All gross deformities subject to listing.            |
| 5. Epilepsy.   | 11. Loss of color vision.                                |
| 6. Psychological problems                              |  |

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 in not evaluated)	ABNORMAL	COLOR OF EYES
	1. Head, Face, Neck and Scalp		24. DISTANT VISION
	2. Nose		Rt. 20/ Corrected 20/
	3. Sinuses		Lt. 20/ Corrected 20/
	4. Mouth and Throat		Both 20/ Corrected 20/
	5. Ears, general		25. Field of vision
	6. Drums (perforation)		Right eye
	7. Eyes, general (for visual acuity see #24)		Left eye
	8. Pupils (equality and reaction)		26. Color vision (test)
	9. Ocular motility (associated parallel movement, nystagmus)		27. Blood pressure
	10. Lungs and chest (including breast)		Systolic -
	11. Heart (thrust, size, rhythm, sounds)		Diastolic -
	12. Vascular system		28. PULSE
	13. Abdomen and viscera (including hernia)		Resting -
	14. Anus and rectum		After exercise -
	15. Endocrine system		2 min after exercise -
	16. G-U system		29. URINALYSIS
	17. Upper and lower extremities (strength and range of motion)		Albumin -
	18. Spine, other musculo, skeletal		Sugar -
	19. Identifying body marks, scars, tattoos		30. Other tests
	20. Skin and lymphatics		31. EKG
	21. Neurologic (reflexes, equilibrium, senses, coordination, etc.)		Normal _____ Abnormal _____
	22. Psychiatric (specify any personality deviation)		
	23. General systemic		

32. Medical treatment within the past five years:

Date	Name and Address of Physician consulted	Reason

33. Comments on History and Findings:

RE-EXAMINATION - It is the responsibility of the applicant to present him/herself for re-examination as follows:

1. Upon the expiration of the current medical examination form as required in the current ASCC Competition Rules.
2. Following any significant illness, injury or hospitalization.

The applicant should have no history or clinical diagnosis that may be reasonably expected, within two years after finding, to make him/her unable to perform the duties or exercise the judgements required of a automobile racing license.

APPLICANTS WHO HAVE HAD MYOCARDIAL INFARCTION, WHO ARE DIABETIC AND TAKE INSULIN OR WHO HAVE ANY OF THE 11 CONDITIONS LISTED ABOVE, MUST BE REFERRED TO THE COMPETITION RULES COMMITTEE.

On the basis of the above information, and in consideration of the note addressed to me, I make the following recommendation:

- \_\_\_\_\_ That the applicant is physically and psychologically fit to drive a racing car in competitive events at high speeds.
- \_\_\_\_\_ That the applicant be reviewed by the ASCC Competition Rules Committee or their designees.
- \_\_\_\_\_ That the applicant is NOT physically and/or psychologically fit to drive a racing car in competitive events at high speeds.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

**APPLICANT'S MEDICAL HISTORY – FOR ASCC COMPETITION LICENSE**

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Personal Physician \_\_\_\_\_ Address \_\_\_\_\_

Examining Physician \_\_\_\_\_ Address \_\_\_\_\_

A. Have you been treated for, ever had or have you now any of the following? For each Yes answer please describe or explain below or attach additional pages as necessary.

YES	CONDITION	NO
	1. Frequent or severe headaches	
	2. Dizziness or fainting spells	
	3. Unconsciousness for any reason	
	4. Eye trouble, except glasses	
	5. Hay fever	
	6. Asthma	
	7. Allergy to medications or other drugs in addition to hay fever and asthma	
	8. Diabetes – insulin (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 twelve 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 boosters (list dates)	
	28. Rejection for life insurance	
	29. Military medical discharge	
	30. Previous waiver for medical defects from ASCC (explain)	

REMARKS:

\_\_\_\_\_

\_\_\_\_\_

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

C. Have you 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 and accurate. I also give permission to any hospital, institution or physician to furnish any information relative to my condition to the Alaska Sports Car Club.

Applicants signature \_\_\_\_\_ Date \_\_\_\_\_

Witnesses signature \_\_\_\_\_ Date \_\_\_\_\_