

PHYSICAL EXAMINATION FORM

Page 1 of 3

COMPETITION LICENCE

for over 50 yrs old

Dear Doctor,

This is page 1 of 3 pages. You are being asked to examine this candidate for a racing licence from MKA. If you find the candidate physically and psychologically fit, and they pass their other tests, the candidate will then be granted a licence that will enable them to drive a competition vehicle at extremely high speeds under the most exacting conditions.

Please, therefore, examine the candidate carefully and critically, and recommend them only if you are completely satisfied in all respects. You will thus be doing not only the applicant, but also our sport, a service by conducting this examination as carefully as possible.

Eyesight standards required:

- a) Visual acuity (before or after correction, sight for each eye should be at least 6/15 (metric). Furthermore, any subject whose visual acuity in one eye only is diminished and cannot be corrected and who necessarily has contralateral vision, whether corrected or not, equal to or greater than 6/6 (metric), may obtain a driver's licence under the following conditions and after examination by a competent ophthalmic specialist:
 - Field of vision equal to or greater than 120°
 - Functional stereoscopic vision
 - Condition of the fundus excluding pigmentary retinal damage
 - Any old or congenital damage shall be strictly unilateral
 - Blindness in one eye is absolutely excluded
- b) Normal binocular vision
- c) Normal colour vision (recourse to the Ishihara tables in doubtful cases and to the Beyne Lantern, or a similar system in cases of error); in any case, no errors in the perception of the colours of the flags used in international competitions
- d) The wearing of contact lenses is permitted provided that:
 - They have been worn for a period longer than 12 months and for a significant period every day
 - They are certified as satisfactory for motor racing by the ophthalmic specialist who supplied them (hard contacts are not recommended).

List of illnesses and disabilities incompatible with the practice of motor sport:

- Epilepsy with behavioural effects, or under treatment
- Amputations, except in the case of fingers where the gripping function in both hands is unimpaired
- Orthopedic appliances, if the functional result is not equal or near to normal
- Free movement of the limbs impeded by more than 50%
- Insulin-dependent diabetes, unless a document is provided to MKA signed by a medical doctor specializing in diabetes or internal medicine proving the regular supervision of the party concerned and of their treatments.
- Myocardial infarction and myocardial ischaemia, valvular disease or other abnormal cardiovascular conditions
- Functional limitation of the articulations of the hand superior to 50% and affecting two or more fingers of the same hand
- Psychiatric conditions

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Part 1: Applicants' Information:

Name: _____ Age: _____
Address: _____ Postal Code: _____
City/Province: _____ Gender: M [] F []
Date of Birth: D: _____ M: _____ Y: _____ Height: _____ Weight: _____
Wears Glasses: Yes No

Part 2: Applicants' Medical Self-Declaration

Have you been treated for, have you ever had, or have you now, any of the following: Yes, responses should be detailed on a separate sheet or the reverse of this page.

Table with 3 columns: Conditions, Yes, No. Rows include: Frequent or severe headaches, Unconsciousness for any reason, Dizziness or fainting spells, Epilepsy or Seizures, Heart Trouble (Coronary Artery Disease or Angina, Valve disease, Abnormal Cardiac Rhythms), High Blood Pressure, Psychiatric/Mental Health Problems, Operation(s) involving Eyes, Brain, Heart, Nerves, Blood Vessels, or Bones, Allergies, Eye trouble (except for glasses), Asthma, Diabetes, Anemia, or other blood diseases including abnormal bleeding, Admission to a hospital in the past 12 months, Amputations and/or Physical disability, Previous denial(s) from MKA due to a medical reason(s), Date of last Tetanus Shot. Includes a section for 'List all Medications (include dosage and frequency taken):' with blank lines.

Part 3: Applicants' Declaration:

- 1. I declare that the information regarding my present state of health, given to the examining physician is correct.
2. I agree to be re-examined as follows:
a. Upon the expiration of my current medical as required by the current competition rules.
b. Following any significant illness, injury or hospitalization.
3. I give permission to any hospital, institution, or physician, to furnish my medical information to MKA

Applicant Signature: _____ Date M _____ D _____ Y _____

Signature of Parent/Guardian if applicant is under the of majority: _____ Date M _____ D _____ Y _____

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Part 4: Examining Physicians' Information

Name: _____
 Address: _____
 City/Prov/PC: _____
 Phone: _____

Physician's Stamp:

Part 5: Examining Physicians' Report - Please review page 1 and 2, before doing an examination.

Applicants Name: _____

1	Is there any evidence of abnormality of the heart of cardiovascular system? (If yes provide details in Part 6 below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Note: Applicants for an International Competition licence are required to pass an annual medical examination. International Licence applicants 45 years of age or over must pass a Stress ECG initially and every 2 years thereafter.		ECG Date: _____	
2	Is there any evidence of a physical or mental condition, past or present which could, in your opinion, debar the applicant from holding a motor sport competition licence? (If yes provide details in Part 6 below).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Does the applicant have any physical abnormality of restriction of movement of upper and/or lower limbs? (If yes provide details in Part 6 below).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Vision	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	a) Has the applicant ever had any disease or disorder of the eye other than needing glasses or contact lenses? (If yes provide details in Part 6 below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b) Are corrective lenses (contact lenses or glasses required for driving?).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	c) I have performed a vision test.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Blood Pressure (If yes provide details in Part 6 below).	Diastolic	Systolic
6	Date of last Tetanus Shot	M: _____	D: _____ Y: _____

Part 6: Details: (Continue on another page if necessary).

Part 7: Recommendation of Examining Physician:

The applicant should have no established medical history or clinical diagnosis that may reasonably be expected, within 2 years after this finding, to make them unable to perform the duties or exercise the privileges of MKA competition licence.

On the basis of the above report, and mindful of the information provided to me, I make the following recommendation:

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

Date: _____ M: _____ D: _____ Y: _____

Signed: _____ M.D.