PORSCHE Owners Club

# PHYSICAL EXAMINATION FORM FOR A COMPETITION LICENSE

(To be filled out on both sides by examining physician and returned to candidate.)

**Dear Doctor:** You are being asked to examine this candidate who wishes to take part in motor racing events in which it will be possible for him/her to drive a competition car at extremely high speeds under the most exacting conditions. Please, therefore, examine carefully and critically, and recommend him/her only if you are completely satisfied in all respects. An appeal procedure exists whereby he/she may take the matter up with physicians experienced in racing should you disapprove. You will thus be doing not only the applicant but our sport and yourself a service by conducting this examination as carefully as possible.

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

Candidates having the following afflictions must be reviewed: *(Note second box below.)

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

Name_____ Age _____ Birthdate _____

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 and scalp | |
| | 2. Nose | |
| | 3. Sinuses | |
| | 4. Mouth and throat | |
| | 5. Ears, general | |
| | 6. Drums (perforation) | |
| | 7. Eyes, general (visual acuity under Item 25) | |
| | 8. Opthalmoscopic | |
| | 9. Pupils (equality and reaction) | |
| | 10. Ocular motility (associated parallel movement, nystagmus) | |
| | 11. Lungs and chest (including breast) | |
| | 12. Heart size (thrust, size, rhythm, sounds) | |
| | 13. Vascular 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 - |
| | 2 minutes after exercise - |
| 32. | URINALYSIS |
| | Albumin - |
| | sugar — |
| 33. | Other tests |
| 34. | EKG results |
| | Normal _____ Abnormal _____ |

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 himself for re-examination as follows:

1. Upon the expiration of his current medical examination form as required by the current Rules Book.
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 (1) year after finding, to make him/her unable to perform the duties as described above. On the basis of the above information, and mindful of the note addressed to me, I make the following recommendation:

- q That the applicant is physically and psychologically fit to drive a racing car in competitive events at high speeds.
- q *That the applicant must receive a review and clearance from the needed specialty physician.
- q That the applicant is **NOT** physically and/or psychologically fit to drive a racing car in competitive events at high speeds. **CANDIDATES WHO HAVE HAD A MYOCARDIAL INFARCTION, WHO ARE DIABETIC AND TAKE INSULIN, OR WHO HAVE ANY OF THE 11 CONDITIONS LISTED ABOVE MUST BE REFERRED TO THE MEDICAL REPRESENTATIVE.**

Signed _____(examining physician)

Date _____ Address _____

# APPLICANT'S MEDICAL HISTORY

Name _____ Age _____ Birth Date _____ Sex _____

Street Address _____ City/State/Zip _____

Occupation _____ q Single q Married q Widowed q Divorced

Your Personal Physician _____ Address _____

Examining Physician (today) _____ Address _____

A. Have you been treated for, have you ever had or do you now have 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 | _____ |
| _____ | 5. | Hay fever | _____ |
| _____ | 6. | Asthma | _____ |
| _____ | 7. | Allergy to medications or other drugs in addition to hay fever and asthma | _____ |
| _____ | 8. | Diabetes | _____ |
| _____ | 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 | _____ |
| _____ | 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 | _____ |

Remarks: _____

_____

_____

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

_____

C: Have you had an automobile accident, including racing, in the past two (2) 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 _____

Applicant's Signature _____ Date _____

Witness's Signature _____ Date _____