

IMPORTANT

IF SIGNIFICANT ABNORMALITIES ARE FOUND, PLEASE OBTAIN SPECIALIST OPINION OR PATHOLOGY AS INDICATED AND RETURN WITH THIS FORM. IF DOUBTFUL, REFER TO AKA.

MEDICAL EXAMINATION (NOTES FOR EXAMINERS)

1. Please attach any Specialists' reports or any pathology or radiology results relevant to this application.
2. If the applicant wears contact lenses please attached to this report a certificate from the Ophthalmic Practitioner who fitted them stating their (1) stability (2) duration of use daily (3) suitability for motor racing.
3. The "normal" answer to each question below is NO. In respect of each YES response, further details should be provided in EXAMINER'S COMMENTS.

Please tick appropriate columns

5. WHAT IS THE APPLICANTS:		HEIGHT	CMS	WEIGHT	KGS	BODY MASS INDEX:			
CARDIOVASCULAR SYSTEM	YES	NO	LOCOMOTOR SYSTEM		YES	NO	VISUAL SYSTEM	YES	NO
What is the pulse rate?			Has the applicant undergone amputation of any limb or part of a limb, or is there any physical deformity?				Is there any history of past or present eye disease?		
Is the rhythm abnormal?			Does the applicant wear any form of orthopaedic appliance?				Is there any history of double vision?		
What is the blood pressure?			Has the applicant impaired use or movement of any limb, joint, hand or foot, which might impair or compromise control of a motor vehicle?				Has the applicant any evident abnormalities of the eyes?		
Are the peripheral pulses abnormal?							VISUAL ACUITY – Test each eye separately with letter chart at 6m. Record in metric Snellen notation: 3g 6/9. Record number of errors made		
Is there any evidence in the history or examination of past or present ischaemic heart disease?									
RESPIRATORY SYSTEM			CENTRAL NERVOUS SYSTEM				In smallest line read eg 6/9-3	FOR DISTANCE (SNELLENS) RE LE	
Is there any abnormality of the respiratory system on examination?			Is there abnormality of the cranial nerves, limb tone, power or coordination or tendon or plantar response on examination?					6/	6/
ABDOMEN			Is there any sensory impairment?				Unaided	6/	6/
URINE EXAMINATION			ENT SYSTEM				Spectacles		
Does the applicant's urine contain			Is there any evidence of past or present vestibular disturbance, including intermittent conditions?				VISUAL FIELDS	YES	NO
Protein.....			Is there any abnormality of the ENT System on clinical examination?				Test each eye separately		
Glucose.....							Is there any ocular or general medical history that suggests the possibility of visual field loss?		
Other Abnormality.....								Does the confrontation test suggest a loss of visual fields in either eye?	
							COLOUR VISION		
							Must be able to identify all primary colours		
7.1 EXAMINERS COMMENTS: On history: (Attach additional sheet if required)									
7.2 On examination: (Attach additional sheet if required)									
7.3 Are there any unfavourable traits in applicant's personality, revealed by history, appearance or behaviour?									
7.3 In your opinion, is the applicant fit to participate in motor racing?					YES	NO	Doubtful		
STATEMENT BY EXAMINER I have today personally examined this applicant.		 Signature Date			Name and Address			