

Physician's Examination

(To be completed by a Medical Doctor)

Failure to complete required information will delay the processing of your license.

Applicant's Name: _____ Age: _____ Sex: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Blood Pressure: _____ Pulse: _____ Respirations: _____

NOTE: Candidates having the following afflictions must be referred to the Autobahn Country Club Competition Committee for review:

- | | | |
|---|-----------------------------|-----------------------------|
| 1. Less than 20/40 vision in the better eye | 5. Loss of extremity or eye | 9. Epilepsy |
| 2. Alcoholic or drug addiction | 6. Diabetes | 10. History of Heart Attack |
| 3. Blood pressure: Diastolic over 90, systolic over 160 | 7. Loss of color vision | |
| 4. All gross deformities subject to listing | 8. Psychological problems | |

VISION Abnormalities require an attached ophthalmic consult

Vision OD: _____ OS: _____ OU: _____

Color Vision: _____ Test: _____

Peripheral Vision (degrees from midline): _____ OD: _____ OS: _____ Test: _____

NEUROLOGICAL Abnormalities require an attached neurological consult

Reflexes: _____ Normal _____ Abnormal Cerebella: _____ Normal _____ Abnormal

Other tests performed: _____

CARDIAC Abnormalities require an attached cardiology consult

At the age of 40, a baseline EKG should be performed. Further EKG's need to be completed only if the candidate is a smoker, has a cardiac history, a strong family history of cardiac disease, history of diabetes, or has hypertension (systolic > 140, diastolic > 90). Cardiac Exam:

_____ Normal _____ Abnormal Please attach a copy of the EKG results.

METABOLIC Please attach an HgbA1C and Endocrinologic consult for any history of Diabetes.

History of Diabetes: _____ Yes _____ No HgbA2C (less than 10) _____

Other

Comments or concerns that the Autobahn Country Club Competition Committee should be aware of: _____

Comments regarding current medications the applicant is taking (any side effects): _____

Examining Physician's Comments regarding applicants medical history: _____

On the basis of this limited examination, review of the patient's history, and the instructions addressed to me, I (check one):

Find the candidate medically acceptable to operate a high speed competition automobile.

Recommend the candidate's medical history be reviewed by the Autobahn Country Club Competition Committee.

Signed: _____ Date: _____

Printed Name: _____ Phone: (_____) _____

Address: _____ City: _____ St. _____ Zip: _____



Examination and Medical History Forms

Please Keep a Copy

Memorandum to Examining Physician:

The three pages of this form are collectively referred to as the "Physical Examination." You are being asked to examine this applicant for the purpose of obtaining an automobile racing license. This form concentrates on the organ system and disease processes that may jeopardize the applicant or others while attending a competitive racing event. If you deem that the applicant may be in questionable condition, the matter may be turned over to the Autobahn Country Club safety team for review.

Page One (this page) - Instructions for completing the Physical Examination form, and should be read carefully by both the examining physician and the applicant.

Examination is to be completed by a Physician.

Medical History is to be completed by the applicant.

A. The functional suggested requirements of a driver in a competition automobile are:

1. Ability to rapidly operate acceleration, braking, and steering mechanisms/systems.
2. Vision: distant vision correctable to 20/40 each eye, ability to distinguish basic colors, and peripheral vision to 70 degrees in the horizontal median for each eye.
3. Should have minimal chance of sudden incapacitation from any disease process.
4. Ability for rapid mental activity, problem solving, and decision-making.

B. The environment this applicant may operate in is:

1. Temperature extremes from 0 degrees (F) to 120 degrees (F) for long periods of time.
2. Smoke, fumes, vapor, caustic chemicals, and dust.
3. Loud noise and vibration.
4. Increased potential for exposure to fire.

Special Cases:

In a case where consults are needed, the consultant should be made aware of the information in Section A and Section B of this memorandum.

Requirement of All Applicants*:

All applicants must submit a completed APPLICANT'S MEDICAL HISTORY and PHYSICIAN'S EXAM. Similar forms from other recognized organization and agencies may be acceptable, however the applicant will be held accountable to the rules, laws, and other parameters, as set forth by the issuing organization or agency.

Renewals:

Applicants that are less than 40 years old must renew their Physical Examination every five years.

Applicants that are at least 40 years old must renew their Physical Examination every three years.

Applicants that are at least 50 years old must renew their Physical Examination every two years.

Applicants that are at least 70 years old must renew their Physical every 12 months.

Note to the examining physician:

Please note the "Renewals" section of this document (above). Consideration should be given to the length of time between examinations, unless otherwise specified with highlighted notation in the comment section found on the PHYSICIAN'S EXAMINATION page of this document.

*Exceptions:

Medical Waivers may be granted in certain circumstances with the approval of the proper authorities, as listed on the Application for a Medical Waiver form. Drivers that have been granted a Medical Waiver may be subject to special requirements as the Autobahn Country Club and Medical Team stipulate.



Member Medical History

(To be completed by Applicant)

Applicant: For the purpose of obtaining an Autobahn Country Club Competition License, complete this page legibly and in its entirety Failure to complete required information will delay the processing of your license. Examining Physician must complete the Physical Examination form.

Name: _____ Age: _____ Date of Birth: _____
 Address: _____ City: _____ St: _____ Zip: _____
 Phone Home: _____ Work: _____ Cell: _____ Email: _____
 Occupation: _____ Sex: _____ Marital Status: _____ Years as a licensed racer: _____
 Your Personal Physician: _____ Phone: (____) _____
 Address: _____ City: _____ St: _____ Zip: _____
 Examining Physician: _____ Phone: (____) _____
 Address: _____ City: _____ St: _____ Zip: _____

**Have you been treated for, have you ever had, or have you now, any of the following:
 (Yes responses should be explained on a separate sheet and attached when submitted)**

Conditions	Yes	No
Frequent or Severe Headaches		
Unconsciousness for any reason		
Dizziness or Fainting Spells		
Epilepsy or Seizures		
Heart-Coronary Artery Disease or Angina		
Heart-Valve Disease		
Heart- Left Bundle Branch Block		
Heart Abnormal Cardiac Rhythms		
Blood Pressure Abnormalities High or Low(Note Please)		
Any Drug, Narcotic or alcohol problems		
Psychiatric. Mental Health Problems		
Operation(s) involving Eyes, Brain, Heart, Nerves, Blood Vessels, or Bones		
Previous Waiver(s) from any racing organization for a Medical condition: List:		

Conditions	Yes	No
Hay Fever		
Eye Condition		
Dental Appliance		
Asthma		
Diabetes: Insulin		
Diabetes- Dosage & Frequency		
Diabetes-Last Checked		
Allergy(s) to Medications		
Admission to the hospital in the past 12 Months		
Amputations/ Physical Disability		
Anemia, or other blood diseases including Abnormal bleeding		
Previous denial(s) from any racing organization Due to a medical reason(s) List		
Illness(s) not mentioned above		
List:		

Date of last Tetanus: _____ Blood Type (if known): _____

Comments: _____

Medications Used (including eye drops): _____

This is to certify that these statements are true and accurate. I also give permission to any hospital, institution, or physician, to furnish any information to the Autobahn Country Club Competition Committee.

Applicant's Signature: _____ **Date:** _____