

PHYSICAL EXAMINATION FORM

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

Dear Doctor:

You are being asked to examine this candidate for entry into the Skip Barber Race Series. If you find him/her physically and psychologically fit, and he/she passes his/her other tests, he/she will then be granted a license, which will enable him/her to drive a competition car at extremely high speeds under the most exacting condition. Not only his/her own life, but also quite possibly the lives of many others will depend upon whether or not he/she is approved to participate. Please, therefore, examine him/her carefully and critically, and recommend him/her only if you are completely satisfied in all respects. You will thus be doing not only the applicant but also our sport and yourself a service by conducting this examination as carefully as possible.

ALL CANDIDATES AGE 40 AND OVER SHOULD HAVE AN EKG AS PART OF THIS EXAMINATION AT THE DISCRETION OF THEIR PERSONAL MD.

NAME: _____ DATE OF BIRTH: _____
 STREET ADDRESS: _____ SOCIAL SECURITY NO. _____
 CITY/STATE/ZIP: _____
 SEX: _____ HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____

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 24)	
	8. Pupils (quality and reaction)	
	9. Ocular motility (associated parallel movement, nystagmus)	
	10. Lungs and chest (including breast)	
	11. Heart size (thrust, size, rhythm, sounds)	
	12. Vascular system	
	13. Abdomen and viscera (including hernia)	
	14. Anus and rectum	
	15. Endocrine system	
	16. G-U system	
	17. Upper and lower extremities (strength and range of motion)	
	18. Spine, other muscle, skeletal	
	19. Identifying body marks, scars, tattoos	
	20. Skin and lymphatics	
	21. Neurologic (tendon reflexes, equilibrium, senses, coordination, etc.)	
	22. Psychiatric (specify any personality deviation)	
	23. General systemic	

24. DISTANT VISION
right eye - 20/ _____ Corrected to 20/ _____
left eye - 20/ _____ Corrected to 20/ _____
Both eyes - 20/ _____ Corrected to 20/ _____
25. FIELD OF VISION
right eye - _____
left eye - _____
26. COLOR VISION (test)
27. BLOOD PRESSURE:
Systolic - _____
Diastolic - _____
28. PULSE
Resting - _____
After exercise - _____
2 Minutes after exercise - _____
29. URINALYSIS
Albumin - _____
Sugar - _____
30. OTHER TESTS
31. EKG RESULTS
Normal _____ Abnormal _____

32. MEDICAL TREATMENT WITHIN PAST 5 YEARS:

Date	Name and address of physician consulted	REASON

33. COMMENTS ON HISTORY AND FINDINGS:

RE-EXAMINATION

It shall be the responsibility of the applicant to present himself/herself for re-examination as follows:

1. Upon the expiration of his/her current medical examination form (2 years from date signs)
2. Following any significant illness, injury or hospitalization.

REMARKS (additional sheets may be attached)

The applicant should have no established medical history or clinical diagnosis that may reasonably be expected, within 2 years after finding, to make him/her unable to perform the duties or exercise the privileges of participation.

On the basis of the above Information, and mindful of the note addresses to me, I make the following recommendation:

- _____ That the applicant is physically and psychologically fit to drive a racing car in competitive automotive events at high speeds.
- _____ That the applicant is NOT physically and/or psychologically fit to drive a racing car in competitive events at high speeds.

Signed: _____ Date: _____
 (EXAMINING PHYSICIAN)

Address: _____

APPLICANT'S MEDICAL HISTORY

NAME: _____ SOCIAL SECURITY NO: _____

OCCUPATION: _____

MARITAL STATUS: _____ MARRIED _____ SINGLE _____ WIDOWED _____ DIVORCED

YOUR PERSONAL PHYSICIAN: _____ ADDRESS: _____

EXAMINING PHYSICIAN (TODAY): _____ ADDRESS: _____

A. Have you been treated for, have you ever had, or have you now any of the following? (For each "yes" checked, describe or explain below or on 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 - Insulin and 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 nervous habit	
	19. Excessive drinking habit	
	20. Attempted suicide	
	21. Motion sickness requiring drugs	
	22. Admission to hospital within the last 12 months	
	23. Operations involving eyes, brain, heart, nerves or blood vessels	
	24. Amputation or physical disability	
	25. Other illness	
	26. Immunization against tetanus (by toxoid) - list date below	
	27. Tetanus boosters - list dates below	
	28. Rejection for life insurance	
	29. Military medical discharge	
	30. Previous waiver for medical defects from SCCA (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 Skip Barber Racing School.

APPLICANT'S SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____

(EXAMINING PHYSICIAN)