APPLICANT MEDICAL HISTORY FOR EMRA COMPETITION LICENSE

NAME: ______________________ **AGE:** ________ **DATE OF BIRTH:** ______________________ **SEX:** ______

STREET ADDRESS: ______________________ **CITY/STATE/ZIP:** ______________________

OCCUPATION: ______________________ **EMRA CLUB MEMBER?** ______________________

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 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 other than 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 narcotic 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 illnesses	
	26. Immunization against tetanus (by toxoid) – List date:	
	27. Tetanus boosters – List dates:	
	28. Rejection for life insurance	
	29. Military medical discharge	
	30. Previous waiver for medical defects from EMRA or another racing organization (explain)	

REMARKS: ____

____

B. List any medications 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 EMRA officials.

APPLICANT'S SIGNATURE: ______________________ DATE: ______________

WITNESS'S SIGNATURE: ______________________ DATE: ______________

EMRA PHYSICAL EXAMINATION FORM FOR RACING COMPETITION LICENSE

To the Physician:
You are being asked to examine this candidate for a racing license for EMRA. If you find him/her physically and psychologically fit, and he/she passes the additional driving 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 conditions. Not only his/her own life, but quite possibly the lives of many others will depend on whether or not he/she receives a competition license. Please, therefore, examine the candidate carefully and critically, and recommend him/her only if you are completely satisfied in all respects. You will be doing not only the applicant, but 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 M.D.

Candidates having the following afflictions must be referred to the EMRA Board for review:

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

NAME: ______________________________AGE: __________DATE OF BIRTH:__________________
STREET ADDRESS: ______________________________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		24. DISTANT VISION:
	2. Nose		Right eye-20/ corrected to 20/
	3. Sinuses		Left eye-20/ corrected to 20/
	4. Mouth and throat		Both eyes-20/ corrected to 20/
	5. Ears, general		25. FIELD OF VISION:
	6. Eardrums (perforation)		Right eye:
	7. Eyes, general (visual acuity under item 24)		Left eye:
	8. Pupils (equality and reaction)		26. COLOR VISION (test)
	9. Ocular motility (associated parallel movement, nystagmus)		27. BLOOD PRESSURE:
	10. Lungs and chest (including breast)		Systolic:
	11. Heart (thrust, size, rhythm, sounds)		Diastolic:
	12. Vascular system		28. PULSE:
	13. Abdomen and viscera (including hernia)		Resting:
	14. Anus and rectum		After exercise:
	15. Endocrine system		2 minutes after exercise:
	16. G-I system		29. URINALYSIS:
	17. Upper and lower extremities (strength and range of motion)		Albumin:
	18. Spine, other muscle, skeletal		Sugar:
	19. Identifying body marks, scars, tattoos		30. OTHER TESTS:
	20. Skin and lymphatics		
	21. Neurologic (tendon reflexes, equilibrium, senses, coordination)		31. EKG Results:
	22. Psychiatric (specify any personality deviation)		Normal:
	23. General systemic		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 him/herself for re-examination as follows:

1. Upon the expiration of his/her current medical examination as required by the EMRA Racing Guide.
2. Following any significant illness, injury or hospitalization.

Remarks (attach additional sheets if necessary):

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 an EMRA Competition License.
On the basis of the above information, and mindful of the note addressed 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.
_____That the applicant be referred to the EMRA Board for review.
EXAMINING PHYSICIAN SIGNATURE:______________________PRINT NAME:______________________
DATE:____________________ ADDRESS:____