

WHRRI PHYSICAL EXAM FORM FOR COMPETITION LICENSE

Dear Physician:

You are being asked to examine this candidate for an automobile road racing competition license. If you find him/her physically fit, he/she may be granted a license to drive a competition automobile at high speeds and under strenuous conditions. In reviewing this individual, please bear in mind that the conditions of automobile racing often include high summer temperatures, intense emotional stress, extreme physical exertion, heavy demands on manual skills and quick reactions.

Please examine the candidate carefully and critically and recommend him/her only if you are completely satisfied in all respects. An appeal procedure exists should you disapprove him/her.

APPLICANT NAME _____ D/O/B _____ SEX _____
ADDRESS _____ HT. _____ WT. _____
CITY, STATE, ZIP _____ HAIR COLOR _____ EYES COLOR _____
HOME PHONE _____ DATE OF LAST TETANUS SHOT _____

MARK "OK" IF SATISFACTORY, OR FILL IN VALUE:

1. **VISION TEST:** COLOR VISION _____ DEPTH PERCEPTION _____ PERIPHERAL VISION _____
RIGHT EYE - 20/ _____ CORRECTED TO - 20/ _____
LEFT EYE - 20/ _____ CORRECTED TO - 20/ _____

COMMENTS: _____

2. **HEARING:** _____ COMMENTS: _____

3. **REFLEXES:** _____ COMMENTS: _____

4. **CARDIOVASCULAR:** BLOOD PRESSURE _____ / _____
PULSE: _____ AFTER EXERCISE: _____ 2 MINUTES AFTER EXERCISE: _____
ABNORMALITIES AND / OR HISTORY: _____

5. **LIST SENSITIVITIES AND / OR ALLERGIES:** _____

6. **CURRENT MEDICATION AND / OR TREATMENT:** _____

7. **OTHER CONDITIONS (DIZZINESS, FAINTING SPELLS, SEIZURES, ETC.):** _____

PHYSICIAN'S COMMENTS: _____

ON THE BASIS OF THIS EXAMINATION AND MINDFUL OF THE NOTE ABOVE, IN MY OPINION, THE APPLICANT IS PHYSICALLY FIT TO DRIVE A RACING CAR IN COMPETITIVE EVENTS:

PHYSICIAN SIGNATURE: _____ **PRINTED NAME:** _____

ADDRESS: _____ **CITY, ST., ZIP:** _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____