



# ICSCC 2020 PHYSICAL EXAMINATION FORM FOR COMPETITION LICENSE

(To be filled out by the examining physician)

Dear Doctor: This candidate wishes to take part in motor racing events in which he/she will drive a high performance car under the most exacting and stressful conditions. Examine him/her carefully and critically, and recommend him/her if medically fit to drive without danger to himself/herself or to others. If you are not sure of this decision, please indicate below for review of this applicant's suitability by an appropriate officer of the licensing body.

|                |                  |               |
|----------------|------------------|---------------|
| Name: _____    | Birthdate: _____ | Sex: _____    |
| Address: _____ |                  |               |
| City: _____    | Height: _____    | Weight: _____ |

| NORMAL                            | ABNORMAL |
|-----------------------------------|----------|
| _____ 1. Head and neck            | _____    |
| _____ 2. Ears and hearing         | _____    |
| _____ 3. Eyes                     | _____    |
| _____ 4. Heart                    | _____    |
| _____ 5. Peripheral pulses        | _____    |
| _____ 6. Gastro-Intestinal System | _____    |
| _____ 7. Endocrine system         | _____    |
| _____ 8. CNS                      | _____    |
| _____ 9. Peripheral nerves        | _____    |
| _____ 10. Genital/Urinary system  | _____    |
| _____ 11. Musculo-skeletal system | _____    |
| _____ 12. Skin. Scars?            | _____    |
| _____ 13. Psychiatric disorder    | _____    |

  

|   |  |
|---|--|
| <p><b><u>FOR DIABETICS ONLY:</u></b><br/>HgBA<sub>1</sub>C measured in the past two months. _____</p> | <p>14. <b><u>Distant Vision</u></b><br/>Right eye: 20/ _____<br/>Left eye: 20/ _____<br/>Both eyes: 20/ _____<br/><b><u>With Glasses</u></b><br/>Right eye: 20/ _____<br/>Left eye: 20/ _____<br/>Both eyes: 20/ _____</p> <p>15. <b><u>Field of Vision</u></b><br/>Normal _____<br/>Abnormal _____</p> <p>16. <b><u>Color Vision</u></b><br/>Normal _____<br/>Abnormal _____</p> <p>17. B. P. _____</p> <p>18. Heart Rate and rhythm: _____</p> <p>19. Urinalysis<br/>Protein _____<br/>Glucose _____</p> |
|---|--|

PHYSICIAN'S COMMENTS (may continue on the back of this form)

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- I believe that the applicant **is fit** to drive a racing car in competitive events at high speeds.
- This applicant **should be reviewed** by an ICSCC official.

Place physician's office stamp below  
(physician's name, phone and address)

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_