



ICSCC 2023 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><u>FOR DIABETICS ONLY:</u> HgBA₁C measured in the past two months. _____</p>		

14. **Distant Vision**
 Right eye: 20/ _____
 Left eye: 20/ _____
 Both eyes: 20/ _____
With Glasses
 Right eye: 20/ _____
 Left eye: 20/ _____
 Both eyes: 20/ _____

15. **Field of Vision**
 Normal _____
 Abnormal _____

16. **Color Vision**
 Normal _____
 Abnormal _____

17. B. P. _____

18. Heart Rate and rhythm: _____

19. Urinalysis
 Protein _____
 Glucose _____

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

- 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: _____