

Fahrenheit while wearing multi-layer flame retardant clothing.

## **MEDICAL FORM 2025**

- Ages 14 39 Medical valid for 5 years
- Ages 40 49 Medical valid for 3 years
- Ages 50 69 Medical valid for 2 years
- Ages 70+ -- Medical valid for 1 year

MEDICAL HISTORY: Have you ever had, been treated for, or now have any of the following?						
Fainting Spells	Epilepsy/seizures	Asthma	Head injury		Heart Trouble	Heat Stroke
Loss of consciousness	High blood pressure	Diabetes	Kidney Diseas	е	Chest Pain	Take Insulin
IF YES, EXPLAIN			·····			
Do you take any medications, either prescription or over the counter? YES NO						
IF YES, EXPLAIN						
Do you have any allergi	es? YES NO					
IF YES, EXPLAIN						
Any operations/hospitalizations in the last 12 months? YES NO						
IF YES, EXPLAIN						
THE FOLLOWING TO BE COMPLETED AND SIGNED BY AN MD, DO, PA-C, or NP						
Attention Examiner: While preforming this exam, please keep in mind that racing cars is very stressful, both mental and physical. The						
driver can be in a confined space, experience an elevated heart rate and be exposed to temperatures approaching 140 degrees						

Blood Pressure \_\_\_\_\_ ٧ Uncorrected Corrected Field of Vision 20/ Right 20/\_\_\_ Right Resting pulse 20/ Left Left With exercise 20/ Both 20/ 2 min later Do you recommend the driver wear corrective lenses when driving? YES NO Neurological (reflexes, motor, equilibrium, coordination) Heart Abdomen Lungs Hernia Alb Sugar (To be done if hypertension, diabetes or renal disease is present). (Physician's option: Electrocardiogram results NORMAL ABNORMAL) Explain Remove below this line and submit to the Licensing Director, NOT VALID IF NOT COMPLETED IN FULL Drivers Name: \_\_\_\_\_MC License Type: \_\_\_\_ \_\_\_\_\_MC License #:\_\_\_\_\_ Address: City/State/Zip\_\_\_\_ Date of Birth: (mm/dd/year)

## THE PORTION BELOW IS REQUIRED TO BE FILLED OUT IN FULL BY MEDICAL EXAMINER

Examiner: by signing this it is your opinion that the above applicant **S** physically fit to drive an automobile at high speeds.

Print Examiner Name\_\_\_\_\_ Date\_\_\_\_\_
Address

Examiner Signature\_\_\_\_\_\_\_2025