

**Attention: Examining Physician**

**This is page 1 of 3 pages.** You are being asked to examine this candidate for a regional racing license from the Confederation of Autosport Car Clubs (CACC). If you find the candidate physically and psychologically fit, and they pass their other tests, the candidate will be granted a license that will enable them to drive a competition vehicle at high speeds under demanding conditions.

Please, therefore, examine the candidate carefully and critically, and recommend them only if you are completely satisfied in all respects. You will thus be doing not only the applicant, but also our sport, a service by conducting this examination as carefully as possible.

**Eyesight standards required:**

- a) Visual acuity (before or after correction, sight for each eye should be at least 6/15 (metric). Furthermore, any subject whose visual acuity in one eye only is diminished and cannot be corrected and who necessarily has contralateral vision, whether corrected or not, equal to or greater than 6/6 (metric), may obtain a driver's licence under the following conditions and after examination by a competent ophthalmic specialist:
  - Field of vision equal to or greater than 120°
  - Functional stereoscopic vision
  - Condition of the fundus excluding pigmentary retinal damage
  - Any old or congenital damage shall be strictly unilateral
  - Blindness in one eye is absolutely excluded
- b) Normal binocular vision
- c) Normal colour vision
- d) The wearing of contact lenses is permitted provided that:
  - They have been worn for a period longer than 12 months and for a significant period every day
  - They are certified as satisfactory for motor racing by the ophthalmic specialist who supplied them (hard contacts are not recommended).

**List of disqualifying illnesses and disabilities and conditions requiring a medical assessment:**

- Epilepsy, under treatment or not, with clinical manifestations confirmed during the 10 previous years
- Any cardiovascular problem with risk of sudden death
- Blindness in one eye (monocular blindness)
- Limitations of the articulations, amputations and prosthetic limbs including:
  - amputations of fingers, where the gripping function in either hand is impaired;
  - prosthetic limbs, if the functional result is not equal or near to normal;
  - free movement of the limbs impeded by 50% or more.
- Major central or peripheral sensor-motor malfunction (monoplegia, hemiplegia, parapelegia, etc)
- Diabetes being treated with insulin or sulfonylureas, on condition that a confidential document signed by a medical doctor is provided to the CACC proving the regular supervision of the party concerned and indicating the nature of treatment
- Any abnormal cardiac or arterial condition
- All psychological conditions including Attention Deficit Hyperactivity Disorder (ADHD) liable to lead to behavioral problems and requiring a specialized care.
- Any health problem that might, because of its nature or the treatment required, result in consequences that are harmful to participation in motor sport including in case of an accident

**PHYSICAL EXAMINATION FORM**

**For CACC Race and Vintage Competition Licenses**

*To Be Completed by Applicant*

**Part 1: Applicants' Information:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 City/Province: \_\_\_\_\_ Gender: M  F   
 Date of Birth: M:      D:      Y:      Height:      Weight:      Corrective Lenses: Yes / No

**Part 2: Applicants' Medical Self-Declaration**

Have you been treated for, have you ever had, or have you now, any of the following: Yes, responses should be detailed on a separate sheet or the reverse of this page.

<b>Conditions:</b>	<b>Yes</b>	<b>No</b>
Frequent or severe headaches		
Unconsciousness for any reason		
Dizziness or fainting spells		
Epilepsy or Seizures		
Heart Trouble:		
Coronary Artery Disease or Angina		
Valve disease		
Abnormal Cardiac Rhythms		
High Blood Pressure		
Psychiatric/Mental Health Problems		
Operation(s) involving Eyes, Brain, Heart, Nerves, Blood Vessels, or Bones		
Allergies		
Eye trouble (except for glasses)		
Asthma		
Diabetes		
Anemia, or other blood diseases including abnormal bleeding		
Admission to a hospital in the past 12 months		
Amputations and/or Physical disability		
Previous denial(s) from CACC due to a medical reason(s)		
Date of last Tetanus Shot (MM/DD/YYYY)		

**List all Medications (include dosage and frequency taken):**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Part 3: Applicants' Declaration:**

1. I declare that the information regarding my present state of health, given to the examining physician is correct.
2. I undertake not to use any substance included on the World Anti-Doping Agency list of prohibited substances and methods.
3. I undertake to advise the CACC without delay of any significant change in my state of health.
4. I agree to be re-examined as follows:
  - a. Upon the expiration of my current medical as required by the current competition rules.
  - b. Following any significant illness, injury or hospitalization.
5. I give permission to any hospital, institution, or physician, to furnish my medical information to CACC.

Applicant Signature: \_\_\_\_\_ Date: M: \_\_\_\_\_ D: \_\_\_\_\_ Y: \_\_\_\_\_

Signature of Parent/Guardian if applicant is under the of majority: \_\_\_\_\_  
 Date: M: \_\_\_\_\_ D: \_\_\_\_\_ Y: \_\_\_\_\_

**For CACC Race and Vintage Competition Licenses**

**To Be Completed by Physician**

**Part 4: Examining Physicians' Information**

<b>Doctor Name:</b> _____ <b>Address:</b> _____ <b>City/Prov/PC:</b> _____ <b>Phone:</b> _____	Physician's Stamp:    
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**Part 5: Examining Physicians' Report -** Please review page 1 and 2, before doing an examination.

**Applicant (Patient) Name:** \_\_\_\_\_

1	Is there any evidence of abnormality of the heart or cardiovascular system? (If yes, please provide details in Part 6 below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Is there any evidence of a physical or mental condition, past or present which could, in your opinion, bar the applicant from holding a motor sport competition licence? (If yes, please provide details in Part 6 below).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Does the applicant have any physical abnormality of restriction of movement of upper and/or lower limbs? (If yes, please provide details in Part 6 below).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Vision		
	a) Has the applicant ever had any disease or disorder of the eye other than needing glasses or contact lenses? (If yes, please provide details in Part 6 below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b) Are corrective lenses (contact lenses or glasses) required for driving?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	c) I have performed a vision test.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Blood Pressure (If abnormal, please provide details in Part 6 below.)	Diastolic	Systolic
6	Date of last Tetanus Shot	M: _____	D: _____ Y: _____

**Part 6: Details: (Continue on another page if necessary).**

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**Part 7: Recommendation of Examining Physician:**

The applicant should have no established medical history or clinical diagnosis that may reasonably be expected, within 2 years after this finding, to make them unable to perform the duties or exercise the privileges of a CACC competition license.

On the basis of the above report, and mindful of the information provided to me, I make the following recommendation:

- That the applicant is physically and psychologically fit to drive a racing vehicle in competitive events at high speeds.
- That the applicant is **NOT** physically and psychologically fit to drive a racing vehicle in competitive events at high speeds.

Date: M: \_\_\_\_\_ D: \_\_\_\_\_ Y: \_\_\_\_\_

Signed: \_\_\_\_\_ M.D.