



This form has four pages. All four pages must be signed or initialed by the Examining Physician, stapled together, and sent to: CSRG, PO Box 3223, San Rafael CA 94912. Only original, "wet" signatures are accepted.

VINTAGE RACING MEDICAL EXAMINATION FORM

DEAR DOCTOR:

You are being asked to examine this applicant for the purpose of obtaining competition racing privileges. This form concentrates on conditions and disease processes that could lead to injury or even the death of the applicant during high speed driving at a competition racing event and possibly put others at risk who are participating in, working at, or attending such an event. From a physical point of view, a driver must have:

1. **MUSCULOSKELETAL INTEGRITY** – the physical ability to operate the mechanical systems of the race car in a rapid manner (assist devices allowed on a case by case basis).
2. **GOOD VISION** – Distant vision correctable to 20/30 in each eye, normal depth perception, ability to distinguish basic colors, (red, green, yellow, blue & black flags are used to signal drivers on the race course), and peripheral vision to 70 degrees in the horizontal median for each eye.
3. **GOOD GENERAL HEALTH** – Minimal chance of sudden incapacitation from any disease or from drug therapy for ongoing treatment of stable chronic disease.
4. **MENTAL ACUITY** – The ability for rapid mental activity and problem solving. The applicant must be able to operate a race car in an environment which may contain:
 - a. – **HIGH HEAT** (Temperatures in a race car may exceed 20 degrees over ambient)
 - b. – **PRESENCE OF FUMES, NOXIOUS VAPORS AND DUST.**
 - c. – **VERY LOUD NOISE LEVELS, HIGH "G" FORCES AND VIBRATION**
 - d. – **RISK OF COLLISION, FLYING DEBRIS, AND FIRE**

With the above listed requirements and condition in mind special consideration should be given by the physician to the candidate who has any of the following:

LOSS OF EXTREMITY OR EYE	DIABETES	ALCOHOL OR DRUG ADDICTION
HIGH BLOOD PRESSURE	ASTHMA	PSYCHOLOGICAL PROBLEMS
CARDIAC DISEASE	EPILEPSY	NEUROLOGICAL PROBLEMS
ONGOING DRUG THERAPY	COPD	STROKE HX. WITH SEQUELA

CARDIAC EXAMINATION:

A base-line EKG is required with the first physical exam upon reaching age 36. If applicant starts racing after age 36, a baseline EKG is required at the time of the first physical exam. At age 50, a stress EKG (treadmill) is very strongly recommended with every physical exam (age 50, 52, 54, etc.) and with every other physical exam starting with the age of 60 (age 62, 64, etc.).

The examining physician may require an EKG or stress EKG at any age depending on history and physical examination findings.

FREQUENCY OF EXAMINATION: applicants are required to have a medical examination –

- Every five (5) years** for those 18-35 years of age (No EKG is required)
- Every two (2) years** for those 36-49 years of age (Baseline EKG with 1st exam)
- Every two (2) years** for those 50-59 years of age (Stress EKG strongly recommended)
- Every year starting at age 60** (Stress EKG strongly recommended with every other exam)

NOTE: ONLY SIGNED ORIGINAL FORMS ARE ACCEPTED. COPIES ARE NOT ACCEPTABLE.

DOCTOR'S INITIALS _____

APPLICANT'S MEDICAL HISTORY (to be filled out by the candidate) PAGE 2 of 4

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Name _____ Birth Date ____/____/____
 Address _____ City _____ State ____ Zip _____
 Phone _____ e-mail _____ Spouse _____
 Occupation _____

Have you been treated for, ever had, or do you now have any of the following?
 (For each "YES" box checked, please describe or explain below or on the back of this form.)

YES	Condition or disease	NO
	1. Frequent or severe headaches, dizziness or fainting spells	
	2. Epilepsy or stroke, unconsciousness for any reason	
	3. Eye problems (not including glasses), color blindness	
	4. Asthma or other breathing problems, shortness of breath, lung disease	
	5. Diabetes (Insulin dependent?)	
	6. Heart attack, angina, heart failure, or irregular heart beat	
	7. High or low blood pressure	
	8. Anemia or other blood diseases, tendency to bleed	
	9. Kidney or urinary tract disease	
	10. Hospital stay in the last 12 months	
	11. Operations involving eyes, brain, heart, nerves or blood vessels	
	12. Allergy to medications (please list)	
	13. Amputation or physical disability	
	14. Alcoholism or drug abuse	
	15. Other serious illness	

16. Date of last Tetanus booster _____ 17. Blood type (if known) _____

Remarks (Use back page of this form if necessary):

Medicines currently used (including eye drops):

I certify that all of the above statements are true and accurate. I authorize any hospital, institution or physician to release medical information which might have bearing on my ability to drive a vintage race car in competitive events. I also agree to notify the organization holding this medical form of any changes which occur during the life of this medical certification which might affect my ability to safely race a car at speed.

SIGNED (APPLICANT) _____ **DATE** _____

DOCTOR'S INITIALS _____

CSRG PHYSICAL EXAMINATION FORM (to be completed by examining physician)

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Normal	Check each item in the appropriate column	Abnormal
	1. Head, face, neck and scalp	
	2. Nose	
	3. Sinuses	
	4. Mouth & throat	
	5. Ears: general, gross hearing loss	
	6. Ear drums (INTACT?)	
	7. Eye: General (VISUAL ACUITY UNDER ITEM #24)	
	8. Pupils (EQUALITY & REACTION TO LIGHT & ACCOMMODATION)	
	9. Ocular motility (ASSOCIATED PARALLEL MOVEMENT)	
	10. Lungs & Chest	
	11. Cardiovascular system	
	12. Abdomen	
	13. Endocrine system	
	14. G-U System	
	15. Extremities (STRENGTH, RANGE OF MOTION)	
	16. Spine, other muscular-skeletal	
	17. Neurologic (REFLEXES, EQUILIBRIUM, COORDINATION, ETC)	
	18. Skin & Lymphatic	
	19. Psychiatric	
	20. General Systemic	
	21. Age - 22. Height - 23. Weight -	
	24. Colorblindness	
	Test administered -	

25. Distance Vision
Right eye - 20/
Corrected to 20/
Left eye- 20/
Corrected to 20/
26. Peripheral vision
Right eye -
Degrees -
Left eye -
Degrees -
27. Blood pressure
Systolic -
Diastolic -
28. Pulse
Resting -
After exercise -
29. Urinalysis
Albumin -
Sugar -
30. EKG results
(If applicable)
Rhythm -
Abnormalities -

Comments on medical history and physical exam findings:

The applicant should have no established medical history and/or clinical diagnosis that might reasonably be expected to make him/her unable to perform the rigors of competitive vintage racing during the two years that this medical form will be in effect (One year if over age 60).

On the basis of my exam and the history that was provided by the applicant, I have reviewed these (4) four pages and recommend that the applicant is:

- Physically and psychologically fit to drive a race car in competition at high speeds.
- NOT physically and psychologically fit to drive a race car in competition at high speeds.

SIGNED _____ (Examining Physician) EXAM DATE _____

STAMP OR PRINTED NAME OF EXAMINING DOCTOR

OR

PHYSICIAN'S PRINTED NAME & ADDRESS

