



2012 IMSA MEDICAL INFORMATION

THIS FORM MUST BE FILLED OUT BEFORE A 2012 HARD CARD IS ISSUED.

The following information is for IMSA records only. A printout of all medical information will be made available to the medical staff at each event.

Physicals are required for all IMSA drivers. Medical history and examination forms must be completed and returned with application.

First Name _____ Last Name _____

Date of Birth _____

Allergies _____

Current Medications _____

Current Medical Conditions _____

Personal Physician _____

Physician Phone Number _____

In Case of Emergency, Notify:

Name _____ Phone _____

Next of Kin _____ Phone _____

Applicants Signature _____ Date _____

IMSA MEDICAL EXAMINATION FORM FOR IMSA DRIVERS LICENSE
(to be filled out on both sides by examining physician and returned to candidate)

Dear Doctor:

You are being asked to examine this candidate for an international racing license. If you find them physically and psychologically fit, and they pass their other tests, they may then be granted a license that will enable them to drive a competition car at extreme high speeds under the most exacting conditions. Please therefore, examine them carefully and critically, and recommend them only if you are completely satisfied in all respects. An appeal procedure exists whereby they may take the matter up with physicians experienced in racing should you disapprove them. You will thus be doing not only the applicant but also our sport a service by conducting this examination as carefully as possible. **ALL CANDIDATES OVER THE AGE OF 50 SHOULD HAVE AN EKG AS PART OF THIS EXAMINATION. PLEASE ATTACH COPY OF EKG, STRESS TEST REPORT (IF DONE), ANY X-RAY REPORTS OR LAB TESTS (IF DONE).**

Candidates having the following afflictions must be referred to the Chief Medical Officer for review.

- | | |
|--|----------------------------|
| 1. Less than 20/30 corrected vision in the better eye | 7. Diabetes |
| 2. Blood pressure: Diastolic over 100, Systolic over 170 | 8. Epilepsy |
| 3. All gross deformities subject to listing | 9. History of Heart Attack |
| 4. Alcoholic and drug addiction | 10. Loss of Color Vision |
| 5. Psychological problems | |
| 6. Loss of extremity or eye | |

CANDIDATES WHO HAVE A MYOCARDIAL INFARCTION, WHO ARE DIABETIC AND TAKE INSULIN OR WHO HAVE ANY OF THE 10 CONDITIONS LISTED ABOVE MUST BE REFERRED TO THE CHIEF MEDICAL OFFICER THROUGH IMSA.

Name _____ Address _____ Birth Date _____
 Age _____ Sex _____ Height _____ Weight _____ Color of Hair _____ Color of Eyes _____

Normal	Check each item in appropriate column (enter NE if not evaluated)	Abnormal	25. Distant Vision
	1. Head, face, neck and scalp		Right eye-20/ Corrected to-20/ Left eye-20/ Corrected to-20/
	2. Nose		Both eyes-20/ Corrected to-20/
	3. Sinuses		26. & 27. Intraocular Tension: TACTILE
	4. Mouth and Throat		Right Eye -
	5. Ears, general		Left Eye -
	6. Drums (perforation)		28. Field of Vision
	7. Eyes, general (visual acuity under Item 25)		Right Eye -
	8. Ophthalmoscopic		Left Eye -
	9. Pupils (equality and reaction)		29. Color Vision (test)
	10. Ocular motility (associated parallel movement, nystagmus)		
	11. Lungs and chest (including breasts)		
	12. Heart size (thrust, size, rhythm, sounds)		30. Blood Pressure
	13. Vascular system (pulses?)		Systolic -
	14. Abdomen and viscera (including hernia)		Diastolic -
	15. Anus and rectum		31. PULSE: Resting -
	16. Endocrine system		After exercise -
	17. G – U System		2 minutes after exercise -
	18. Upper & Lower extremities (strength and range of motion)		
	19. Spine, other muscle skeleton		
	20. Identifying body marks, scars, tattoos		
	21. Skin and lymphatics		
	22. Neurologic (tendon reflexes, equilibrium, senses, coordination, etc)		
	23. Psychiatric		
	24. General systemic		

32. Medical treatment within the past five years
 Date, Name, Phone Number of physician consulted _____

Reason _____

33. Comments on History and Findings: _____

Re-Examination:

It shall be the responsibility of the applicant to present himself/herself for re-examination as follows:

1. Upon the expiration of his/her current medical examination form at end of year.
2. Following any significant illness, injury or hospitalization.

Remarks (additional sheets maybe attached) _____

The applicant should have no established medical history or clinical diagnosis that may reasonably be expected, within 1 year after finding, to make him/her unable to perform the duties or exercise the privileges of a IMSA Racing Driver's License.

PLEASE CHECK ONE:

- _____ That the applicant is physically and psychologically fit to drive a racing car in competitive automotive events at high speeds.
 _____ That the applicant be reviewed by the Chief Medical Officer.
 _____ That the applicant is NOT physically and psychologically fit to drive a racing car in competitive events at high speeds.

Signed: _____ M.D. – D.O.

Date: _____ Address: _____
 (If signed by D.O., state in which licensed must be indicated)

