

Examination and Medical History Forms

Reviewed 2/10/2017

Dear Doctor,

You are being asked to examine this applicant for the purpose of obtaining competition racing privileges with the North American Road Racing Association (NARRA). This form concentrates on the organ system and disease processes that may cause injury or death to the applicant during high speed driving events or put others at risk who are attending, participating in, or working at the event.

The functional requirements of a driver in a competition automobile are:

1. **Musculoskeletal Integrity:** Ability to rapidly operate acceleration, braking, and steering mechanisms/systems (Mechanical assistance allowed).
2. **Vision:** distant vision correctable to 20/40 in each eye, normal depth perception, the ability to distinguish basic colors (red, green, yellow), and peripheral vision to 45 degrees in the horizontal median of each eye.
3. **General Health:** Minimal chance of sudden incapacitation from any disease process.
4. **Mental Acuity:** Ability for rapid mental activity, problem solving, and decision making.

The applicant must be able to operate a race car in an environment in the following conditions:

1. Extreme temperatures for long periods of time
2. Presence of smoke, fumes, vapors, and dust.
3. Loud noise levels, high G Forces, and vibration.
4. Potential for collision, flying debris, and exposure to fire.

EKG is required to be attached if applicant has any of the following conditions:

1. Abnormal EKG
2. Cardiac Disease
3. Smoker
4. Hypertension/Blood Pressure
 - a. Systolic over 140 or Diastolic over 90
 - b. Treated by Physician – every 5 years
5. Diabetes
 - a. Insulin: required annually
 - b. Non-insulin: required per medical exam age group

Applicants are required to submit a current physical examination that is performed no more than ninety days prior to initial application for license and thereafter:

Renewal requirements based on age

- 16-39** •Every five (5) years
- 40-49** •Every three (3) years
- 50-59** •Every two (2) years
- 60 +** •Every year

Physician's Examination

NORTH AMERICAN ROAD RACING ASSOCIATION



To be completed by a medical doctor

Applicant Name: _____

DOB: _____ Height: _____ Eye Color: _____ Sex: M F
 Age: _____ Weight: _____ Hair Color: _____

Check each item in appropriate column or enter NE if not evaluated	Normal	Abnormal	
1. Head, face, neck and scalp			Distant Vision
2. Nose			Right 20/ Corrected to 20/
3. Sinuses			Left 20/ Corrected to 20/
4. Mouth and Throat			Both 20/ Corrected to 20/
5. Ears, general			Intraocular Tension : TACTILE
6. Drums (perforation)			Right eye -
7. Eyes, general (visual acuity in next section)			Left eye -
8. Ophthalmoscopic			Field of Vision
9. Pupils (equality and reaction to light & accommodation)			Right eye -
10. Ocular motility (associated parallel movement, nystagmus)			Left eye -
11. Lungs and chest (including breasts)			Color Vision (test)
12. Heart size (thrust, size, rhythm, sounds)			
13. Cardiovascular system			
14. Abdomen and viscera (including hernia)			
15. Anus and rectum			
16. Endocrine system			
17. G-U system			Blood Pressure
18. Upper & Lower extremities (strength and range of motion)			Systolic -
19. Spine, other musculoskeletal			Dyastolic -
21. Skin and lymphatics			Pulse
22. Neurologic (tendon reflexes, equilibrium, senses, coordination, etc.)			Resting -
23. Psychiatric			After exercise -
24. General systemic			2 minutes after exercise -

Comments or concerns regarding past or present health and medications that NARRA should be made aware of: _____

Based on this exam, review of applicant's medical history and the instructions addressed to me, I make the following recommendation: (Please check one)

_____ That the applicant **is** physically and psychologically fit to drive a racing car in competitive events at high speeds.

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

Examining Physician Signature _____ Date _____

Printed Name _____ Office phone _____

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Applicant Medical History

NORTH AMERICAN ROAD RACING ASSOCIATION



To be filled out by patient

Name: _____

Have you been treated for, have you ever had, or do you now have any of the following?
 (each YES checked, please explain below or attach a separate sheet)

		Yes	No
1	Frequent or severe headaches		
2	Dizziness or fainting spells		
3	Unconsciousness for any reason		
4	Eye Trouble - except glasses/contacts		
5	Asthma		
6	Allergy to Medicines or drugs		
7	Diabetes		
8	Heart trouble		
9	High or Low blood pressure		
10	Anemia or other blood diseases including abnormal bleeding		
11	Stomach trouble		
12	Kidney stone or blood in urine		
13	Sugar or albumin in urine		
14	Epilepsy, fits or seizures		
15	Nervous trouble of any sort		
16	Any mental trouble		
17	Any drug or narcotic habits (past or present)		
18	Excessive drinking		
19	Attempted suicide		
20	Motion sickness requiring drugs		
21	Hospitalizations, include reason, dates and hospital name (past 5 yrs)		
22	Operations		
23	Amputation or physical disability		
24	Immunizations other than childhood including hepatitis		
25	Last tetanus booster - List date _____		
26	Rejection for life insurance		
27	Medical rejection for military service		
28	Military medical discharge		
29	Disability compensation from the Veterans administration, compensation insurance, or any government agency		
30	Any other illness not listed		

REMARKS: _____

CURRENT MEDICATIONS (including eye drops and aspirin) _____

Have you had an auto accident, including racing in the past 2 years? If yes, please explain/describe.

I certify that the above statements are true and accurate.
I also give permission to any hospital, institution, or physician to furnish any information relative to my condition to North American Road Racing Association (NARRA).

Applicant's Signature _____ Date _____

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