



Porsche Club

Porsche Owners Club



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POC Medical Exam Form

Dear Doctor: You are being asked to examine this candidate who wishes to take part in motor racing events in which it will be possible for him/her to drive a competition car at extremely high speeds under the most exacting conditions. Please, therefore, examine carefully and critically, and recommend him/her only if you are completely satisfied in all respects. An appeal procedure exists whereby he/she may take the matter up with physicians experienced in racing should you disapprove. You will thus be doing not only the applicant but our sport and yourself a service by conducting this examination as carefully as possible.

CANDIDATES AGE 40 AND OVER MAY HAVE AN EKG AS PART OF THIS EXAMINATION AT THE DISCRETION OF THEIR PERSONAL M.D.

Candidates having the following afflictions must be reviewed: (Note second box below.)

- | | | |
|--------------------------|-------------------------------|--|
| 1. Diabetes. | 5. History of heart attack. | 9. All gross deformities subject to listing. |
| 2. Epilepsy. | 6. Loss of extremity or eye. | 10. Less than 20/30 corrected vision in the better eye. |
| 3. Spasmodic. | 7. Psychological problems. | 11. Blood pressure: Diastolic over 100, systolic over 170. |
| 4. Loss of color vision. | 8. Alcohol or drug addiction. | |

Name				Age	Birthdate
Street Address				City/State/Zip	
Male	Female	Height	Weight	Hair Color	Eye Color

Normal	Check each item in appropriate column (Enter NE if not evaluated)	Abnormal
	1.Head, face, neck and scalp	
	2.Nose	
	3.Sinuses	
	4.Mouth and throat	
	5.Ears, general	
	6.Drums (perforation)	
	7.Eyes, general (visual acuity under Item 25)	
	8.Ophthalmoscopic	
	9.Pupils (equality and reaction)	
	10.Ocular motility (associated parallel movement, nystagmus)	
	11.Lungs and chest (including breast)	
	12.Heart size (thrust, size, rhythm, sounds)	
	13.Vascular system	
	14.Abdomen and viscera (including hernia)	
	15.Anus and rectum	
	16.Endocrine system	
	17.G-U system	
	18.Upper and Lower extremities (strength and range of motion)	
	19.Spine, other musculoskeletal	
	20.Identifying body marks, scars, tattoos	
	21.Skin and lymphatics	
	22.Neurologic (tendon reflexes, equilibrium, senses, coordination, etc.)	
	23.Psychiatric (specify any personality deviation)	
	24.General systemic	

25. DISTANT VISION	
Right Eye - 20/	Corrected to
Left eye - 20/	Corrected to
Both eyes - 20/	Corrected to
26. & 27. Intraocular Tension: TACTILE	
Right eye -	
Left eye -	
28. Field of vision	
Right eye -	
Left eye -	
29. Color Vision (test)	
30. BLOOD PRESSURE.	
Systolic -	
Diastolic -	
31. PULSE Resting -	
After exercise -	
2 minutes after exercise -	
32. URINALYSIS	
Albumin -	
Sugar -	
33. Other tests	
34. EKG results	

35. Medical treatment within the past 5 years: _____
 Date: _____ Name and address of physician consulted: _____

REASON: _____

36. COMMENTS ON HISTORY AND FINDINGS: _____

Email to: secretary@porscheclubracing.org

Porsche Owners Club, Inc., 8112 Florence Avenue, Downey, CA 90240



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

1. Upon the expiration of his current medical examination form as required by the current Rules Book.
2. Following any significant illness, injury or hospitalization.

REMARKS: _____

The applicant should have no established medical history or clinical diagnosis that may reasonably be expected, within one (1) year after finding, to make him/her unable to perform the duties as described above. On the basis of the above information, and mindful of the note addressed to me, I make the following recommendation:

- That the applicant is physically and psychologically fit to drive a racing car in competitive events at high speeds.
- That the applicant must receive a review and clearance from the needed specialty physician.
- That the applicant is NOT physically and/or psychologically fit to drive a racing car in competitive events at high speeds. **CANDIDATES WHO HAVE HAD A MYOCARDIAL INFARCTION, WHO ARE DIABETIC AND TAKE INSULIN, OR WHO HAVE ANY OF THE 11 CONDITIONS LISTED ABOVE MUST BE REFERRED TO THE MEDICAL REPRESENTATIVE.**

Signed: _____ (examining physician)

Date: _____ Address: _____

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APPLICANT'S MEDICAL HISTORY

Name	Age	Birthdate			Sex
Street Address		City/State/Zip			
Occupation	Single	Married	Widowed	Divorced	
Personal Physician	Address				
Examining Physician	Address				

A. Have you been treated for, have you ever had or do you now have any of the following?
(For each 'yes' checked, describe or explain below or on 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	
	5. Hay fever	
	6. Asthma	
	7. Allergy to medications or other drugs in addition to hay fever and asthma	
	8. Diabetes	
	9. Heart trouble	
	10. High or low blood pressure	
	11. Anemia or other blood diseases including abnormal bleeding	
	12. Stomach trouble	
	13. Kidney stone or blood in urine	
	14. Sugar or albumin in urine	
	15. Epilepsy or fits	
	16. Nervous trouble of any sort	
	17. Any mental trouble	
	18. Any drug or narcotic habit	
	19. Excessive drinking habit	
	20. Attempted suicide	
	21. Motion sickness requiring drugs	
	22. Admission to hospital	
	23. Operations involving eyes, brain, heart, nerves or blood vessels	
	24. Amputation or physical disability	
	25. Other illnesses	
	26. Immunization against tetanus (by toxoid)- list date below	
	27. Tetanus boosters- list dates below	
	28. Rejection for life insurance	
	29. Medical rejection from or for military service	
	30. Military medical discharge	
	31. Disability compensation from the Veterans Administration, compensation insurance company, or any government agency	

Remarks:

B: List any medication currently used (including eye drops).

C: Have you had an automobile accident, including racing, in the past two (2) years? If yes, explain or describe:

This is to 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.

Applicant's Signature	Date	Witness's Signature	Date
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