



# Porsche Club

## Porsche Owners Club



### 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	Eye Color

Normal	Check each item in appropriate column (Enter NE if not evaluated)	Abnormal
	Head, face, neck and scalp	
	Nose	
	Sinuses	
	Mouth and throat	
	Ears, general	
	Drums (perforation)	
	Eyes, general (visual acuity under Item 25)	
	Ophthalmoscopic	
	Pupils (equality and reaction)	
	Ocular motility (associated parallel movement, nystagmus)	
	Lungs and chest (including breast)	
	Heart size (thrust, size, rhythm, sounds)	
	Vascular system	
	Abdomen and viscera (including hernia)	
	Endocrine system	
	G-U system	
	Upper and Lower extremities (strength and range of motion)	
	Spine, other musculoskeletal	
	Identifying body marks, scars, tattoos	
	Skin and lymphatics	
	Neurologic (tendon reflexes, equilibrium, senses, coordination, etc.)	
	Psychiatric (specify any personality deviation)	
	General systemic	

DISTANT VISION	
Right Eye - 20/	Corrected to
Left eye - 20/	Corrected to
Both eyes - 20/	Corrected to
Intraocular Tension: TACTILE	
Right eye -	
Left eye -	
Field of vision8.	
Right eye -	
Left eye -	
Color Vision (test)	
BLOOD PRESSURE.	
Systolic -	
Diastolic -	
PULSE Resting -	
After exercise -	
2 minutes after exercise -	
URINALYSIS20.	
Albumin -	
Sugar -	
Other tests	
EKG results	

Medical treatment within the past 5 years: \_\_\_\_\_

Date: \_\_\_\_\_ Name and address of physician consulted: \_\_\_\_\_

REASON: \_\_\_\_\_

COMMENTS ON HISTORY AND FINDINGS: \_\_\_\_\_

Email to: [secretary@porscheclub.com](mailto:secretary@porscheclub.com)

Porsche Owners Club, Inc., 1968 S. Coast Hwy #4911, Laguna Beach CA 92651



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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: \_\_\_\_\_

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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.)							
<b>Yes</b>							<b>No</b>
	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						
<b>Remarks:</b>							
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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