



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

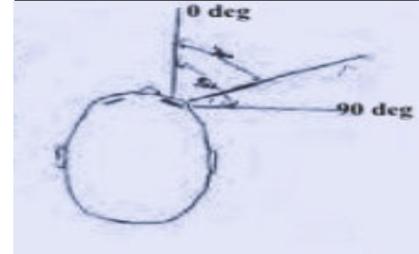
Candidates having the following afflictions must be reviewed: (Note second box below.)

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
Mark N/A if not examined		

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. Upper and Lower extremities (strength and range of motion)	
	16. Spine, other musculoskeletal	
	17. Skin and lymphatics	
	18. Neurologic (tendon reflexes, equilibrium, senses, coordination, etc.)	
	19. Psychiatric (specify any personality deviation)	
	20. General systemic	
	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. Field of vision.	
Right eye -	
Left eye -	
27. Color Vision (test)	
28. BLOOD PRESSURE.	
Systolic -	
Diastolic -	
29. PULSE Resting -	
After exercise -	
2 minutes after exercise -	
30. EKG results: If completed	
PERIPHERAL VISION CHECK BY CONFRONTATION	
METHOD: 70 degrees acceptable Pass Fail	



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

REASON: _____

32. COMMENTS ON HISTORY AND FINDINGS: _____

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

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

3. **REMARKS:** _____

33. 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: _____

Completed form should be uploaded to Motorsportreg.com or emailed to Secretary@porscheclub.com

At Motorsportreg.com select My Account, click on your Profile, under Club Membership edit POC - upload the form and update the medical date.

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



Porsche Club

Porsche Owners Club



APPLICANT'S MEDICAL HISTORY

Name	Age	Birthdate	Sex
Street Address	City/State/Zip		
Occupation	Single	Married	Widowed
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.	Currently take, or have taken blood thinners	

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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