



Motorsports House, Building A, Peremba Square
Saujana Resort, Seksyen U2
40150 Shah Alam, Selangor Darul Ehsan
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MEDICAL EXAMINATION FORM FOR COMPETITION LICENCE

Note : You must bring the completed Licence Application Form with you and give it to the Doctor

Name of Applicant [] Licence No (same as IC No) []
Address []

TO BE COMPLETED BY EXAMINING DOCTOR

Please note the answers to the questions by the applicant on Page 2 of Competition Licence Application and record any abnormality below in 'Observations/Recommendations'

- 1. Are you the regular medical attendant of the Applicant? YES/NO
2. Is there any evidence of a physical or mental condition, past or present, which could, debar the applicant from competing in motor sport? YES/NO
Past Medical History.....
3. Date of last Tetanus Injections (If not known, state so or state "date provided by applicant") : []

4. Height : [] Weight : []

5. Cardiovascular System :
Blood Pressure : mm/Hg Pulse rate : Rhythm :
Ascultation : Murmurs : YES/NO Type :
Stress ECG :
(Stress ECG is required for applicants 45 years and above annually/or as and when required by the Medical Examiner)

6. Respiratory System :
Ascultation : Lung Fields :
[]

7. Gastro-Intestinal System
Palpation : []
Ascultation : []

8. Genito-urinary System :
a) Any abnormality : []
b) Urine – Albumin : [] Sugar : []

9. Central Nervous System
Vision Snellen's Chart
a. Vision : R eye/..... L eye/..... With correction of applicable : R eye/..... L eye/.....
Field of Vision : R eye/..... L eye/..... Pupil reaction to L & A : R eye/..... L eye/.....
Color vision : Normal/Abnormal Hearing : Normal/Abnormal
(Ischiara's Chart)

b. Locomotor System :

Upper Limb: Abnormality : Yes/No Power : Reflex:

Lower Limb: Abnormality : Yes/No Power : Reflex :

Observations/Recommendations :

THIS IS TO CERTIFY that the above named applicant has today been examined by me and found to be :

FIT	<input type="checkbox"/>
UNFIT	<input type="checkbox"/>

Please tick (√)

Blood Group

Rhesus

Name of the Clinic

Adress
 Postcode :

Tel & Fax No

Doctors name

Doctors's signature

Date

Official STAMP

Any fee charged for completion of this examination or associated with it is the responsibility of the applicant

The applicant is requested to forward the completed form immediately to :

MOTORSPORTS HOUSE, Building A, Peremba Square, Saujana Resort, Seksyen U2, 40150 Shah Alam, Selangor Darul Ehsan