

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 I/C 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 physical or mental condition, past or present, Which could, in your opinion, debar the applicant from competing in motor sport? YES/NO
 Past Medical History.....

3. Date of last Tetanus Injections (if not know, state so or state "date provided by applicant") :

4. Height : Weight :

5. **Cardiovascular System :**
 Blood Pressure : mm/Hg Pulse rate : Rhythm :
 Auscultation : Murmurs : YES/NO Type :
 Stress ECG :
(Stress ECG is required for applicants 45 years and above (valid for 2 years) /or as and when required by the Medical Examiner)

6. **Respiratory System :**
 Auscultation : Lung fields :

7. **Gastro-Intestinal System**
 Palpation :
 Auscultation :

8. **Genito-urinary System**
 a) Any Abnormality :
 b) Urine – Albumin : Sugar :
 c) *Urine-Drug test :
 (Required for International Licence Application)

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/.....

Colour vision : Normal/Abnormal Hearing : Normal/Abnormal
(as tested with Ishihara's Chart or Beyne Lantern)

a. 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 TO RACE	
UNFIT TO RACE	

Please tick

Blood Group (**COMPULSORY TO FILL IN**)

Rhesus (**COMPULSORY TO FILL IN**)

Name of the Clinic

Address

Tel

Doctor Name

Doctor'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 Association of Malaysia,
1st Floor, Paddock Office, Sepang International Circuit,
Jalan Pekeliling, 64000 KLIA,
Selangor Darul Ehsan