

Physician's Examination

(To be completed by a Medical Doctor)

Failure to complete required information will delay the processing of your license.

Applicant's Name: _____ Age: _____ Sex: _____ Height: _____

Weight: _____ Hair Color: _____ Eye Color: _____

Blood Pressure: _____ Pulse: _____ Respirations: _____

NOTE: Candidates having the following afflictions must be referred to the Autobahn Country Club Competition Committee for review:

- | | | |
|---|-----------------------------|-----------------------------|
| 1. Less than 20/40 corrected vision in the better eye | 5. Loss of extremity or eye | 9. Epilepsy |
| 2. Alcoholic or drug addiction | 6. Diabetes | 10. History of Heart Attack |
| 3. Blood pressure: Diastolic over 90, systolic over 160 | 7. Loss of color vision | |
| 4. All gross deformities subject to listing | 8. Psychological problems | |

VISION Abnormalities require an attached ophthalmic consult

Vision OD: _____ OS: _____ OU: _____

Color Vision: _____ Test: _____

Peripheral Vision (degrees from midline): _____ OD: _____ OS: _____ Test: _____

NEUROLOGICAL Abnormalities require an attached neurological consult

Reflexes: _____ Normal _____ Abnormal Cerebella: _____ Normal _____ Abnormal

Other tests performed: _____

CARDIAC Abnormalities require an attached cardiology consult

At the age of 40, a baseline EKG should be performed. Further EKG's need to be completed only if the candidate is a smoker, has a cardiac history, a strong family history of cardiac disease, history of diabetes, or has hypertension (systolic > 140, diastolic > 90).

Cardiac Exam: _____ Normal _____ Abnormal Please attach a copy of the EKG results.

METABOLIC Please attach an HgbA1C and Endocrinologic consult for any history of Diabetes.

History of Diabetes: _____ Yes _____ No HgbA2C (less than 10) _____

Comments or concerns that the Autobahn Country Club Competition Committee should be aware of: _____

Comments regarding current medications the applicant is taking (any side effects): _____

Examining Physician's Comments regarding applicants medical history: _____

On the basis of this limited examination, review of the patient's history, and the instructions addressed to me, I (check one):

_____ Find the candidate medically acceptable to operate a high speed competition automobile.

_____ Recommend the candidate's medical history be reviewed by the Autobahn Country Club Competition Committee.

Signed: _____ Date: _____

Printed Name: _____ Phone: () _____

Address: _____ City, _____ St. _____ Zip: _____



Drive Fast. Be Safe.

3795 Patterson Road Joliet, Illinois 60436

Physical Examination form for the purpose of obtaining an Autobahn Country Club Competition License.
This Physical Examination form to be completed by examining Medical Doctor and returned to the applicant.

Dear Doctor,

You are being asked to examine this applicant for the purpose of obtaining a competition racing license issued by the Autobahn Country Club Competition Committee. This form concentrates on the organ system and disease processes that may jeopardize the applicant or others attending a competition race event.

The functional requirements of a driver in a competition automobile are:

1. Ability to rapidly operate acceleration, braking and steering mechanisms/systems (mechanical assistance allowed).
2. Vision: distant vision correctable to 20/40 each eye, ability to distinguish basic colors, and peripheral vision to 70 degrees in the horizontal median for each eye.
3. Minimal chance of sudden incapacitation from any disease process.
4. Ability for rapid mental activity and problem solving.

The environment this applicant may operate in is:

1. Temperature extremes from 0 to 120 degrees external to the vehicle (hotter inside).
2. Smoke, fumes, vapor and dust.
3. Noise and vibration.
4. Potential for the presence of fire.

Any place where consults are needed, the consultant must have a significant knowledge of the disease process and the high speed racing environment. The consultant does not have to be a specialist in the particular disease process.

Applicants who have not received a medical waiver are required to submit a current physical examination:

- every five (5) years for those 16 - 35 years of age
- every two (2) years for those 36 - 59 years of age
- each year for those 60 years of age and older

Requirements for applicants who have received a medical waiver are defined by the Autobahn Country Club Competition Committee.

Thank you for your input.

Sincerely,
The Autobahn Country Club Competition Committee



Member Medical History

(To be completed by applicant)

Applicant: For the purpose of obtaining an Autobahn Country Club Competition License, complete this page legibly and in its entirety. Failure to complete required information will delay the processing of your license. Examining Physician must complete the Physical Examination form.

Name: _____ Age: _____ Date of Birth: _____

Address: _____ City, _____ St. _____ Zip: _____

Phone: Home: _____ Work: _____ Cell: _____ E-mail: _____

Occupation: _____ Sex: _____ Marital Status: _____ Years as a licensed racer: _____

Your Personal Physician: _____ Phone: () _____

Address: _____ City, _____ St. _____ Zip: _____

Examining Physician _____ Phone: () _____

Address: _____ City, _____ St. _____ Zip: _____

**Have you been treated for, have you ever had, or have you now, any of the following:
(Yes responses should be explained on a separate sheet and attached when submitted)**

Conditions	Yes	No
Frequent or severe headaches		
Unconsciousness for any reason		
Dizziness or fainting spells		
Epilepsy or Seizures		
Heart Trouble: Coronary Artery Disease or Angina Valve Disease Left Bundle Branch Block Abnormal Cardiac Rhythms		
Blood Pressure Abnormalities High or Low (Note Below)		
Any drug, narcotic or alcohol problems		
Psychiatric/Mental Health Problems		
Operation(s) involving Eyes, Brain, Heart, Nerves, Blood Vessels, or Bones		
Previous waiver(s) from any racing organization for a medical condition: List:		

Conditions	Yes	No
Hay fever		
Eye Conditions		
Dental Appliance		
Asthma		
Diabetes: Insulin Dosage & Frequency: Last Checked:	_____	_____
Allergy(s) to medications List:		
Admission to the hospital in the past 12 months		
Amputations/Physical disability		
Anemia, or other blood diseases including abnormal bleeding		
Previous denial(s) from any racing organization due to a medical reason(s) List:		
Illness(s) not mentioned above List:		

Date of last Tetanus: _____ Blood Type (if known): _____

Comments: _____

Medications Used (including eye drops): _____

This is to certify that these statements are true and accurate. I also give permission to any hospital, institution, or physician, to furnish any information to the Autobahn Country Club Competition Committee.

Applicant's Signature: _____ **Date:** _____