

# Vintage Driver's Club of America

## Vintage Racing License Medical Form



Applicant name: \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_\_\_

*Please print clearly*

E-mail: \_\_\_\_\_

Dear Doctor:

You are being asked to examine this applicant for the purpose of obtaining motorsport competition racing privileges. Your exam should concentrate on medical conditions and disease processes that could lead to injury or death during high speed driving at a competition racing event and possibly put others at risk who are participating in, working at, or attending such an event.

From a physical point of view, a driver must have:

**Musculoskeletal integrity**– physical ability to rapidly operate the mechanical systems of the race car (assistive devices allowed on a case-by-case basis).

**Good vision**– distant vision correctable to 20/30 in each eye, normal depth perception, ability to distinguish basic colors (red, green, yellow, blue and black flags are used to signal drivers when on the course), and good peripheral vision.

**Good general health**– minimal expectation of sudden incapacitation from any known disease or treatment program.

**Mental acuity**– the ability for rapid mental activity and problem solving. The applicant must be able to operate a race car in an environment which may contain:

1. High heat (temperatures in race cars may exceed 120 ° Fahrenheit).
2. Presence of fumes, noxious vapors, and dust.
3. Very loud noise levels, high "G forces" and vibration.
4. Risk of collision, flying debris and fire.

With the above listed requirements and conditions in mind, special consideration should be given by you, the examining physician, to the candidate who has any of the following conditions:

|                           |                                       |                              |
|---------------------------|---------------------------------------|------------------------------|
| Loss of extremity or eye  | Asthma                                | Loss of color vision         |
| Alcohol or drug addiction | Cardiac disease or Hx of heart attack | Dementia                     |
| Diabetes                  | Neurological problems                 | Stroke history with sequelae |
| High blood pressure       | Epilepsy                              | COPD                         |
| Psychological problems    | Chronic medication or chemotherapy    |                              |

**Cardiac examination:** A base-line EKG is recommended with the first physical exam upon reaching age 40. If applicant starts racing after age 40, baseline, an EKG is strongly recommended at the time of the first physical exam. After age 50, a stress EKG (treadmill) is strongly recommended. The decision to do an EKG and/or stress EKG (or any other clinical or laboratory test) is left to the discretion of the examining physician based on the applicant's history and physical examination findings.

The applicant should have no established medical history or clinical diagnosis that may reasonably be expected, within one year after findings, to make him/her unable to perform those activities as described above. On the basis of the above information, please make one of the following recommendations (**check one box below**):

- The applicant is physically and psychologically fit to drive a racing car in competitive events at high speeds.**
- The applicant is NOT physically and/or psychologically fit to drive a racing car in competitive events at high speeds.**

Examining Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Examining Physician Address/stamp: \_\_\_\_\_ Tel # \_\_\_\_\_

**RE-EXAMINATION:** It shall be the responsibility of the applicant to present him/her-self for re-examination as follows:

1. Upon expiration of his/her current medical examination form.
2. Following any significant illness, injury or hospitalization.

In either circumstance the applicant's driving privileges will be temporarily suspended until such time as a physician certifies his or her fitness to drive.

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please send completed form to: **Christine Nettleship, Registrar VDCA, 2858 Pine Bloom Way, Leland, NC, 28451**