





Physical Examination form for the purpose of obtaining an SCCA Competition License. Reverse side of 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 Sports Car Club of America (SCCA). 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 SCCA Medical Board.

Thank you for your input.

Sincerely,

The SCCA Medical Board



# Applicant's Medical History

(To be completed by applicant)

Applicant: For the purpose of obtaining an SCCA 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 reverse side of this form.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City, St. Zip: \_\_\_\_\_

Phone: (H)( ) \_\_\_\_\_ (W)( ) \_\_\_\_\_ E-mail \_\_\_\_\_ Region of Record: \_\_\_\_\_

Occupation: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Years as a licensed racer: \_\_\_\_\_

Your Personal Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City, St. Zip: \_\_\_\_\_

Examining Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City, St. Zip: \_\_\_\_\_

A. 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 Brach Block		
Abnormal Cardiac Rhythms		
High Blood Pressure		
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 SCCA for a medical condition: List:		

Conditions	Yes	No
Hay fever		
Eye trouble (except glasses)		
Asthma		
Diabetes		
Anemia, or other blood diseases including abnormal bleeding		
Admission to the hospital in the past 12 months		
Allergy(s) to medications List:		
Amputations/Physical disability		
Previous denial(s) from SCCA 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 SCCA Medical Board.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_