

## **Competition Drivers' School** **INFORMATION & APPLICATION PACKET** (2010)

This packet is to provide you with all the information and forms you need to apply for the RMVR Competition Drivers' School and the necessary steps to get the maximum benefit from the School. It is intended for those seeking a full Competition License with the goal of becoming a regular RMVR racer with a vintage eligible race car.

The Drivers' School weekend will be held at High Plains Raceway April 16-18, 2010. The RMVR Annual Competition Drivers' School offers an excellent opportunity to learn the skills of automobile racing. The School offers you an opportunity to do so in an environment that is both exciting and safe. With virtually one-on-one instruction from our capable instructors, you will be introduced and welcomed into the world of our chosen passion—Vintage Racing. **It's the best racing school value you'll find anywhere!**

- You will learn to exercise precise and expert car control.
- You will get specific instruction from a team of expert driving instructors.
- You will learn about the experience vintage racing and the vintage racing ethic.
- You will share in joy of racing in a safe environment.
- And, by the end of the weekend, you will be equipped to comfortably and confidently be on track in a racing environment.

**This is a three day school.** Students are required to be at the track EARLY on Friday with your race car ready to go. All day Friday the track will be devoted to the School. Then all day Saturday and Sunday morning, during RMVR's regular race weekend, special student-only track sessions will provide for continued instruction. Then on Sunday afternoon you will be well equipped to run in a regular race session where you will participate in a regular RMVR run group.

**Early preparation is the key to enjoying a productive, educational and enjoyable Drivers' School.** We strongly recommend the following:

- Come to the school with a reliable and well prepared race car. Low stress about mechanical issues will allow you to pay full attention of the driving instructors and maximize your track time.
- Be familiar with your car. Comfort with its basic operation will enhance your experience.
- Upon application, and prior to the School weekend, you will receive a printed copy of the *Drivers' Manual*, a copy of RMVR's racing text book, *The Ace Factor*, and all other materials used in the School. You should read these materials prior to the School weekend. (The *Drivers' Manual* is downloadable from [www.RMVR.com](http://www.RMVR.com).)

**It is important to begin the process early.** The following is a check list of steps you should complete well in advance of the School weekend:

- First, **join the club and Enter the School.** You can do this by completing the **Application For Entry** (Appendix A). Be sure to send in your Application For Entry as early as you can. This helps us plan your weekend of instruction. While the official deadline is a week before the school, we'd appreciate receiving your Application a least a couple of weeks before the school. **Target Deadline — March 1st**
- Second, **submit your race car to RMVR Eligibility.** Appendix B contains necessary forms. It is very smart to take care of your race car eligibility at least a month before the school, certainly not waiting until the last minute. **Target Deadline — April 1st.**
- We strongly urge you to have a **Pre-Tech inspection** performed on your race car well in advance of the School weekend. This may reveal deficiencies in time to avoid race weekend problems. Contact the Chief Driving instructor for help with this step if you need it. A second option (less preferable!) is to bring your car to Tech at the track on Thursday. **Target Deadline — April 1st.**
- And then there is the necessary **Medical Exam** (Appendix C). All racers—students and veterans alike—require this documentation. Again, attending to this early is to your advantage. **Target Deadline —April 1st.**
- Obtain your needed safety gear** (driving suit, helmet, shoes, and gloves). **Target Deadline — April 1st.**
- Confirm that you are registered** and have an instructor assigned to you. **Target Deadline — April 11th**

We hope this check list will help you with this exciting undertaking. Please contact the Chief Driving Instructor with any questions. We look forward to helping you.

Lynn Fanguie, [driving-instructor@rmvr.com](mailto:driving-instructor@rmvr.com) 303-263-7920

# APPENDIX A — APPLICATION FOR ENTRY To RMVR Competition Drivers' School

(Page 1 of 2. Please be sure to sign at bottom of page 2)

## **DRIVER INFORMATION:** (Complete one form per driver per car)

Are you currently an RMVR member? Yes \_\_\_\_\_ No \_\_\_\_\_

If "No", please add the Membership Fee to the School Fee of (see below).

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phones: Home (\_\_\_\_) \_\_\_\_\_ Office (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_ Date of this Application: \_\_\_\_\_

Newsletters are costly to mail. Help keep RMVR fees low by foregoing a mailed copy. Instead, you will receive a timely email each month alerting you when the most recent issue is available on [www.rmvr.com](http://www.rmvr.com). Then simply click on the email link to the club's website to read or print it.

**To forego a mailed copy of the club's monthly *Messenger* newsletter Check this box:**

**RACE CAR (or Street car) INFORMATION:** We'd prefer that you take the School in the RMVR eligible race car that you intend to regularly race. However, you can take the School in another race car (borrowed or rented) or in a satisfactory street car. Street cars won't be allowed to participate in the wheel-to-wheel races on Sunday unless equipped with roll bar or cage (for open-top cars) and an approved racing seat belt harness and fire extinguisher.

If this is an RMVR eligible car, do you plan on running regularly with RMVR? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please complete the forms in Appendix B and submit directly to Eligibility at the address shown.

For information purposes, please provide us with the following information on the car the car you plan on using in the School (Note: This is not a substitute for submitting a car to Eligibility):

Is this a "street car" or a "race prepared" car? Street car \_\_\_\_\_ or Race prepared car\*\* \_\_\_\_\_

(\*\*Roll bar, racing belts, fuel cell, etc.)

Make & model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Displacement: \_\_\_\_\_ CC (Not C.I. Thanks.)

Car Number \_\_\_\_\_ (Either number assigned by RMVR Eligibility or desired number for weekend.)

Does the car have an AMB Transponder? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes" what is transponder # \_\_\_\_\_

If "Yes," is the Transponder already registered with RMVR? Yes \_\_\_\_\_ No \_\_\_\_\_

(Note: \$50 weekend transponder rentals are available, but transponders are not essential for the School Weekend.)

Entry Fee - See above for details \$ 350  
Late Fee (See below) \$ \_\_\_\_\_  
RMVR \$60 Membership (If needed) \$ \_\_\_\_\_  
TOTAL ENCLOSED-----> \$ \_\_\_\_\_

Make checks payable to "RMVR" and mail to:  
**RMVR**  
**32024 Snowshoe Road**  
**Evergreen, CO 80439**

**Late Fee Policy:** \$25 late fee if received after Friday a week before the race. School entrants cannot register at the track.

**Cancellation Policy:** A \$25 Cancellation Fee will be withheld for cancellations later than 72 hours before the event. Please Call 303-319-3062 for all cancellations.

**ADDITIONAL INFORMATION**

(Page 2 of 2. Please be sure to sign at bottom of page)

Do you have a valid Competition License(s) from another racing club(s)?      Yes \_\_\_ No \_\_\_

Have you ever had an RMVR Competition License?      Yes \_\_\_ No \_\_\_

Has your Competition License ever been revoked or suspended?      Yes \_\_\_ No \_\_\_

If "Yes" to any of above, please give details: \_\_\_\_\_

All drivers are required to have a current medical form on file. Do you have a current RMVR medical exam?

Yes \_\_\_ No \_\_\_

If "Yes", what was the date of the medical exam: \_\_\_\_\_

**If "No", you will need to get a physical** using the four-page Medical Exam (Appendix C).

Upon successful completion of the exam, submit that form as soon as practical to the address noted on the form. If you have a Medical exam (less than two year ago) from another racing organizations, that is acceptable. Submit a copy of that in lieu of the RMVR physical.

Please list any Drivers' Schools you have attended and when: \_\_\_\_\_

Please list all racing experience, if any, including club racing, and types of cars raced: \_\_\_\_\_

Date and details of last race or competition, if any: \_\_\_\_\_

NOTE: Completion of this application does not automatically grant entry to the School or a Competition License. After submitting this application, all requirements for an RMVR Competition License, as detailed in RMVR Rules & Regulations, must be met. Also, a **current RMVR membership and medical exam are required to pursue an RMVR Competition License**. Please visit [www.rmvr.com](http://www.rmvr.com) for further information. Or direct email questions directly to the RMVR Chief Driving Instructor at *driving-instructor@rmvr.com*.

**As a condition of this Request For Entry, I certify the following:**

- I have read the rules of ROCKY MOUNTAIN VINTAGE RACING, LTD. and agree to abide by those rules.
- RMVR reserves the right to refuse any entry or to remove from competition any competitor as deemed necessary.
- At any time during the race event, any participant may be required to meet with the Steward and other officials to consider driving or behavior infractions. Failure to attend such a meeting can result in immediate disqualification from the event.
- As an entrant and/or driver, I make this Request For Entry into this RMVR event with the knowledge that motor racing is dangerous and that I will be expected to sign a "release form". As Driver/entrant I further acknowledge that vintage racing may involve dangers present in any form of contemporary racing; that vintage racing may also involve special dangers including, but not limited to, lack of contemporary safety equipment in my own or in competitors' cars (such as roll cages, fuel cells, fire systems, etc.); and that race groupings may include different types of cars creating potential problems of visibility and disparate speeds.

**SIGNATURE REQUIRED** - Driver/Entrant \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:** Date Received: \_\_\_\_\_ Check #: \_\_\_\_\_ Total Amount: \_\_\_\_\_  
Assigned License Number \_\_\_\_\_

**APPENDIX B – Three Pages**  
**APPLICATION FOR CAR ELIGIBILITY**  
**Instructions**

As our name implies, the purpose of **ROCKY MOUNTAIN VINTAGE RACING, LTD.** (RMVR) is to provide its members the opportunity to restore, show and race 1972 and older cars as they competed prior to 1973. The eligibility process has been designed to assure that cars that participate in RMVR events meet the appropriate SCCA (Sports Car Club of America) and RMVR specifications.

RMVR eligibility requirements are based on the 1959,1967 and 1972 SCCA General Competition Rules (GCR), the associated PCS (Production Car Specifications) and the exceptions to these rules allowed by RMVR. Complete and current RMVR exceptions are published on [www.rmvr.com](http://www.rmvr.com) under “Rules and Regulations”. **Please note that it is the car owner’s responsibility to read and understand these rules before constructing or buying a racecar. Buying a car with an existing RMVR log book does not insure the car’s compliance to the rules nor relieve the buyer from complying with the rules.** Any willful misrepresentation of the cars authenticity or preparation could result in the loss of RMVR membership.

**Mail the completed application to the appropriate Eligibility Team member listed below.** If you have questions about where to send the application call Bob Mitchiner at (303)772-7438. The team will review your application and contact you regarding their decision or questions they have about the car. All acceptances are contingent on an inspection of the car to assure its compliance with the rules.

**A, B and C Production Cars (Excluding Porsche)**

**Matt Ratcliff**

10900 West 20th Ave. Lakewood, CO 80215  
303 238-6518  
E-Mail: [matthew.ratcliff@nrel.gov](mailto:matthew.ratcliff@nrel.gov)

**Porsche**

**Brant McClung**

9106 Fleetwood Ave. Longmont, CO 80503  
303-702-9252  
E-Mail: [brant914@hotmail.com](mailto:brant914@hotmail.com)

**B and C Sedans**

**Roger Hively**

6745 West 3rd Place, Lakewood, CO 80226  
303 233-7462  
E-Mail: [rdbhl@comcast.net](mailto:rdbhl@comcast.net)

**Sports Racers, Formula Cars (Other than FF& FV)**

**Tom Ellis**

2165 Mead Drive, Boulder, CO 80301  
303-673-9091(H) 303-449-9112 (W)  
E-Mail: [thomasvintage@cooperracecars.com](mailto:thomasvintage@cooperracecars.com)

**Historic-67 GCR Cars**

**Ian Rainford**

7241 Oriole Lane, Longmont, CO 80503  
303-530-0956  
E-Mail: [jomar28@comcast.net](mailto:jomar28@comcast.net)

**D through H Production (1972 GCR Cars)**

**Roger Hively**

6745 West 3rd Place, Lakewood, CO 80226  
303 233-7462  
E-Mail: [rdbhl@comcast.net](mailto:rdbhl@comcast.net)

**Formula Ford**

**Bob Alder**

3330 S. Albion, Denver, CO 80222  
303-757-0868  
E-Mail: [R.Alder@earthlink.net](mailto:R.Alder@earthlink.net)

**FV and FSV**

**Reah Mortimer**

9408 La Quinta Drive, Lone Tree, CO 80124  
303-790-8676 (H) 303-316-1000 (W)  
E-Mail: [klee@PhonesWest.com](mailto:klee@PhonesWest.com)

**Eligibility Team Chairman**

**Mark Robinson**

288 South Coolidge St., Aurora, CO 80018  
303-364-8726  
E-Mail: [eligibility@rmvr.com](mailto:eligibility@rmvr.com)

**APPENDIX B – CONT'D.**  
**APPLICATION FOR CAR ELIGIBILITY**

**Owner Information:**

Name \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phones: Home (\_\_\_\_) \_\_\_\_\_ Office (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

**Car Information:**

Make \_\_\_\_\_ Year \_\_\_\_\_ Model/Series \_\_\_\_\_

Color(s) of car \_\_\_\_\_ Chassis ID# \_\_\_\_\_

Weight of the car (less driver) is \_\_\_\_\_ pounds. The car's allowable weight as stated in the SCCA's GCR, less 5% (a permissive RMVR rule), is: \_\_\_\_\_ pounds.

**Engine:**

Manufacturer \_\_\_\_\_ Serial # \_\_\_\_\_

Original Displacement \_\_\_\_\_ Actual Displacement \_\_\_\_\_

Dry Sump? Yes \_\_\_\_\_ No \_\_\_\_\_

**Carburetor(s) or Fuel Injection:**

Carburetor: Number of Carbs \_\_\_\_\_ Maker \_\_\_\_\_ Type \_\_\_\_\_ Choke Size \_\_\_\_\_, or

Fuel Injection: Maker \_\_\_\_\_ Type \_\_\_\_\_

**Transmission:**

Manufacturer: \_\_\_\_\_ Type/Speeds: \_\_\_\_\_

**Brakes:**

As originally equipped? Yes \_\_\_\_\_ No \_\_\_\_\_

Any substitution of disc for drums? Yes \_\_\_\_\_ No \_\_\_\_\_

Original manufacturer of caliper or drum system? Yes \_\_\_\_\_ No \_\_\_\_\_

Brake size — list size, diameter and/or width:

Front brakes: Disk \_\_\_ or Drum \_\_\_ Size \_\_\_\_\_

Rear brakes: Disk \_\_\_ or Drum \_\_\_ Size \_\_\_\_\_

**Wheels/rims:**

As originally equipped? Yes \_\_\_\_\_ No \_\_\_\_\_

Front wheels: Diameter \_\_\_\_\_ Wheel width \_\_\_\_\_

Rear wheels: Diameter \_\_\_\_\_ Wheel width \_\_\_\_\_

**Tires:**

Front \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ Rear \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_  
Width Aspect Diameter Width Aspect Diameter

(Note: Please refer to rules for allowable aspect ratios)

**APPENDIX B – CONT'D.  
APPLICATION FOR CAR ELIGIBILITY**

**Modifications:**

	<u>As Original?</u>	<u>If "No" describe modifications</u>
Body	Yes/No	_____
Suspension	Yes/No	_____
Cylinder heads	Yes/No	_____
Intake system	Yes/No	_____
Transmission	Yes/No	_____
Rear Axle	Yes/No	_____

(Use additional paper or reverse if necessary)

**Desired Car Number:**

1st choice \_\_\_\_\_ 2nd choice \_\_\_\_\_ 3rd choice \_\_\_\_\_

(Note: 1 and 2 digit numbers are not usually available. Please indicate some 3 digit preferences)

**Log Book Info:**

Does this car have a current RMVR log book? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the current log book number? \_\_\_\_\_

Previous owner:

Name \_\_\_\_\_ Address \_\_\_\_\_

Are you requesting a fresh Log Book? Yes \_\_\_\_\_ No \_\_\_\_\_

Even after a car is approved for Eligibility, it is strongly suggested that first-time applicants contact the Chief Tech Inspector and make arrangements to have the car inspected prior to the first racing event to verify that required safety systems are in place.

----- *For Office Use Only* -----

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

1. Approved for Regular Log Book: Car # \_\_\_\_\_ Class \_\_\_\_\_, or

2. Approved for Provisional Log Book: Car # \_\_\_\_\_ Class \_\_\_\_\_, or

Required corrective action before issuance of Regular Log Book:

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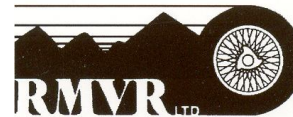
3. Car rejected for following reasons:

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**RMVR Competition Medical Form** (Page 1 of 1)  
ROCKY MOUNTAIN VINTAGE RACING, LTD. (Revised 2010)



Documentation of Physical Exam of \_\_\_\_\_ for RMVR Racing License #: \_\_\_\_\_  
(Please Print)  
Date of Exam: \_\_\_\_\_ Applicant's birth date (mm/dd/year): \_\_\_\_\_

**To The Applicant:**

If you are between 18 and 35 years of age a physical examination is required every 5 years, 36 and older every 2 years. As applicant, you should fill out the needed applicant information this page (the RMVR Competition Medical Form) and page 1 of the two-page Physical Examination which is part of this packet. Upon completion of the two-page Physical Examination by your physician, **verify that this documentation Form has been fully completed and signed by both you and the physician.** Then submit only this documentation Form (not the two-page physical exam portion) to RMVR mailing it to: **32024 Snowshoe Road, Evergreen, CO 80439. Please do not send actual Physical Examination to RMVR!** However, you should retain a copy of this entire packet for your records should our club (or another you are racing with) wish to inspect it. This procedure is done to protect the privacy of your medical information.

As applicant, and by signing below, you understand that any alteration or forgery of this document is grounds to invalidate this exam and could result in expulsion from RMVR. You hereby authorize your physician to release to RMVR any medical information that may affect your ability to safely participate in RMVR racing events. You authorize RMVR to contact your physician to verify both that this exam was completed and that his recommendation is as shown below. You also agree to notify RMVR of changes in your health which may affect your ability to safely participate in vintage racing.

➔ Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant's Signature

**To the Examining Physician:**

This exam is required by RMVR to assure that the applicant is in good health and can be expected to withstand the rigors of vintage racing. Vintage automobile racing is a speed event involving numerous cars on the track at the same time. The drivers are protected by roll bars, restrained in the car by at least five point harnesses and must wear fire retardant clothing and helmets designed for auto racing. **Practice and race sessions typically last 15 to 30 minutes. The racing environment can be very hot and speeds for brief periods can be 90 to 150 mph.** If you have questions you may discuss them with the applicant or call RMVR at 303-319-3062. **NOTE: all candidates age 40 and over must have an ECG as part of this examination.**

After reviewing the above applicant's medical history and performing the physical examination prescribed on the attached Physical Examination, please sign both this document and the Physical Exam.

I, the examining physician, recommend that the applicant (check one):

➔  **IS physically and psychologically fit to drive a racecar in competitive events at high speeds, OR**  
 **IS NOT fit.**

➔ Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Examining Physician's Signature  
Printed Name: \_\_\_\_\_ License # \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_ Phone: \_\_\_\_\_

**Physical Examination of \_\_\_\_\_ for RMVR Competition License**

**Applicant's Medical History**

(To be filled out by applicant prior to Exam)

Name:		Age:	Date of birth:	
Address:				
City:	State:	ZIP:	Phone(H):	Phone(W):
Sex:	Height:	Weight:	Eye Color:	Hair Color:
Do you currently have an RMVR Competition License? Yes/No If "Yes" what is that License Number? _____				
Personal Physician:			Phone:	
Examining Physician:			Phone:	

**Have you been treated for, ever had, or now have any of the following?**

(For each "YES" checked, describe or explain below. Attach additional sheets if necessary.)

Yes		No
	1. Frequent or severe headaches?	
	2. Unconsciousness for any reason?	
	3. Eye or vision trouble, except glasses?	
	4. Color blindness, glaucoma?	
	5. Asthma or other serious lung condition?	
	6. Allergy to medications or other drugs?	
	7. Diabetes I or II - Insulin and how much?	
	8. Heart attack, angina, heart failure, heart rhythm abnormality?	
	9. High or low blood pressure?	
	10. Anemia or other blood diseases, including abnormal bleeding?	
	11. Kidney, urinary tract disease, or stones?	
	12. Epilepsy, stroke, or seizure disorder?	
	13. Alcoholism or drug abuse?	
	14. Admission to hospital within the last 12 months? - Explain if "yes".	
	15. Operations involving eyes, brain, heart, nerves, or blood vessels?	
	16. Amputation or physical disability?	
	17. Psychological problems including depression?	
	18. Endocrine, hormone or immune system problem?	
	19. Have you ever been denied a competition license? - Explain if "yes".	
	20. Other serious illnesses?	

**Explanation or Remarks:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List medication(s) currently used:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Physical Examination of \_\_\_\_\_ for RMVR Competition License**  
**(Applicant's Name)**

(The following to be filled out by the physician)

Normal	Please respond to all 21 items	Abnormal
	1. Head, face, neck and scalp	
	2. Sinus, mouth and throat	
	3. Ears: general, gross hearing loss	
	4. Eyes: general (visual acuity under item #16)	
	5. Pupils (equality & reaction)	
	6. Ocular motility (associated parallel movement)	
	7. Lungs and chest	
	8. Cardiovascular system	
	9. Abdomen	
	10. G-U system	
	11. Upper & lower extremities (strength and range of motion)	
	12. Spine, other musculo-skeletal	
	13. Neuralgic (tendon reflexes, equilibrium, senses, coordination, etc.)	
	14. Psychiatric (specify any serious personality deviation)	
	15. General systemic	

16. Distance Vision:	
Right eye-20/	Corrected to 20/
Left eye-20/	Corrected to 20/
Both eyes-20/	Corrected to 20/
17. Peripheral Vision (See below):	
Right Eye -	degrees
Left Eye -	degrees
18. Blood Pressure:	
Systolic -	
Diastolic -	
19. Pulse:	
Resting -	
20. Urinalysis:	
Protein -	
Glucose -	
21. ECG Results (Provide copy to applic.):	
Normal -	
Abnormal -	

For Diabetics only:	Hb A1c _____%
<u>No</u>	<u>Yes</u>
	History of hypoglycemic reaction?
	Peripheral neuropathy?
	Retinopathy?

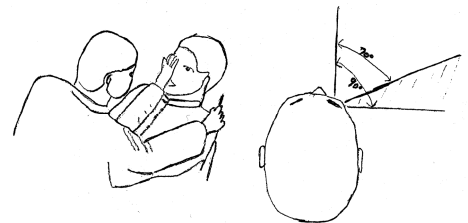
Additional Comments on medical history and/or findings: \_\_\_\_\_

Candidates having the following conditions should be given special considerations by the examining physician:

Less than 20/30 corrected vision in the better eye	Stroke or significant neurological abnormality
Loss of extremity or vision in an eye	History of any loss of consciousness
Alcohol or drug abuse	Asthma or any serious lung condition
Psychological problems	Blood pressure - systolic over 155, diastolic over 90
Diabetes	History of heart attack, failure, angina, or rhythm irregularity
History of malignant disease	

**Tips On Peripheral Vision Exam – Item #17 Above**

Peripheral vision exam by confrontation is a simple procedure. Position yourself so that your face is directly in front and on the same level with the patient, about 2 feet away. Ask the patient to cover one eye and to look at your eye directly opposite. Close your other eye so that your own visual field is roughly superimposed on that of the patient. Bring a pencil or other small object (light) from behind and from the periphery slowly into the patient's field of vision. Ask the patient to indicate when the object appears. Estimate in degrees the point where the patient sees the object to the point where the patient is looking directly ahead. Test the other eye in the same manner. Lack of adequate or impaired peripheral vision should be given special consideration.



**Signed:** \_\_\_\_\_  
 Examining Physician

**Date:** \_\_\_\_\_  
 Date