Medical Examination For Vintage Auto Racing

RMVR
ROCKY MOUNTAIN VINTAGE RACING

Physical Examination of: _____ *(Driver, please print)*

Date of Examination: _____

Racing organization requesting this medical exam: ***Rocky Mountain Vintage Racing, Ltd.***

To The Applicant: If you are between 18 and 35 years of age a physical examination is required every five years, 36 and older it is required every 2 years.

As applicant, you should fill out the required applicant information at the top of this page and on page two. On completion of the Examination by your physician, verify that this form has been fully completed and signed by BOTH you and the physician (MD, DO, PA, PA-C or NP) on page 2. Then submit this entire form to:

RMVR
7082 Piute Drive
Sedalia, CO 80135
(or, for faster service, email a PDF copy of both pages to admin@rmvr.com)

Applicant should retain a copy of this entire packet for your records should our organization (or another you are racing with) wish to inspect it.

As applicant, and by signing below, you understand that any alteration or forgery of this document are grounds to invalidate this exam and could result in expulsion or sanctioning. You hereby authorize your physician to release to any medical information that may affect your ability to safely participate in racing events. You authorize this organization 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 our organization of changes in your health which may affect your ability to safely participate in vintage racing.

To The Examining Physician (MD, DO, PA, PA-C or NP): This exam is required 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. As may be specified by various sanctioning bodies, the drivers are protected by roll bars, restrained within the car by a racing harness and must wear fire retardant clothing and helmets designed for auto racing. Practice and race sessions typically last 15 to 30 minutes, but can be longer. The racing environment can be very hot and speeds for brief periods can be 90 to 150mph.

You are being asked to examine this individual who is applying for a vintage auto racing competition license. This form concentrates on assessing the organ system and disease processes that may jeopardize the applicant or others attending a competition race event.

The functional requirements of the applicant to drive in a competition automobile are:

- Brain: The ability for rapid mental activity and problem solving.
- Limbs: The ability to rapidly operate acceleration, braking and steering mechanisms and to rapidly exit the car without assistance.
- Vision: Distant vision correctable to 20/30 each eye, normal depth perception, peripheral vision to 70 degrees in the horizontal median for each eye and the ability to distinguish basic colors.
- Minimal chance of sudden incapacitation from any disease process.
- The environment in which the applicant may operate a competition automobile is:
  - Temperature Extremes from 0 to at least 120 degrees.
  - Smoke, fumes, vapor and dust.
  - Noise and vibration, deceleration and cornering forces.
  - Potential for the presence of fire.

After reviewing the above applicant's medical history and performing appropriate physical examination and/or tests **please signify your finding and sign on page 2, returning both pages to the driver.**

Physical Examination of: _____ *(Driver, please print)*

Driver Signature: _____ Date: _____

Applicant's Information (To be completed ***by the patient prior to*** the examination):

Name: _____ Age: _____

Street: _____ Sex: _____

City: _____ Weight: _____

State: _____ Date of Birth: _____

Zip: _____ Eye Color: _____

Phone: _____ Hair Color: _____

Email: _____ Personal Physician: _____

Do you have a license from this racing organization? Yes / No If "Yes", license number _____

Do you have a national license from VMC? Yes / No If "Yes", license number _____

Conclusion of the Examining Physician (MD, DO, PA, PA-C or NP):

After reviewing the information on page one regarding the physical demands of vintage racing, the applicant's medical history, and performing this examination, please note your conclusion (Check one):

☐ **At this time, the patient is physically and psychologically fit to drive a race car in competitive events at high speed,**

- OR -

☐ **At this time, the patient is NOT FIT physically or psychologically to drive a race car in competitive events at high speed.**

Signed: _____ Date: _____

Printed Name: _____ License #: _____ Issuing State: _____

Physician *(must be MD, DO, PA, PA-C or NP)*

Address: _____

Phone: _____

For RMVR Use Only:

Date received: _____ Member Profile Updated: _____ **RMVR Med 4/10/23**