

Dear Doctor,

This is page 1 of 2 pages. You are being asked to examine this candidate for a racing license from Western Canada Motorsport Association (WCMA). If you find the candidate physically and psychologically fit, and they pass their other tests, the candidate will then be granted a license that will enable them to drive a competition vehicle at extremely high speeds under the most exacting conditions.

Please, therefore, examine the candidate carefully and critically, and recommend them only if you are completely satisfied in all respects. You will thus be doing not only the applicant, but also our sport, a service by conducting this examination as carefully as possible.

Eyesight standards required:

- a) Visual acuity (before or after correction, sight for each eye should be at least 6/15 (metric). Furthermore, any subject whose visual acuity in one eye only is diminished and cannot be corrected and who necessarily has contralateral vision, whether corrected or not, equal to or greater than 6/6 (metric), may obtain a driver's license under the following conditions and after examination by a competent ophthalmic specialist:
 - Field of vision equal to or greater than 120°
 - Functional stereoscopic vision
 - Condition of the fundus excluding pigmentary retinal damage
 - Any old or congenital damage shall be strictly unilateral
 - Blindness in one eye is absolutely excluded
- b) Normal binocular vision
- c) Normal colour vision (recourse to the Ishihara tables in doubtful cases and to the Beyne Lantern, or a similar system in cases of error); in any case, no errors in the perception of the colours of the flags used in international competitions
- d) The wearing of contact lenses is permitted provided that:
 - They have been worn for a period longer than 12 months and for a significant period every day
 - They are certified as satisfactory for motor racing by the ophthalmic specialist who supplied them (hard contacts are not recommended).

List of illnesses and disabilities incompatible with the practice of motor sport:

Epilepsy under treatment or not, with clinical manifestations confirmed during the 10 previous years

Any cardiovascular problem with risk of sudden death

Blindness in one eye (monocular blindness).

All limitations of the articulations, amputations and prosthetic limbs which do not satisfy the criteria in Article 1.4 (please contact Sports Development Group (GDS) for further information)

Major central or peripheral sensor-motor malfunction (monoplegia, hemiplegia, paraplegia, etc)

Diabetes being treated with insulin or sulfonylureas, on condition that a confidential document proving the regular supervision of the party concerned and indicating the nature of his treatment is submitted to the medical body approved by Sports Development Group (GDS) and that the medical certificate of aptitude (see Article 1.8) bears the wording "medical supervision necessary"

Any abnormal cardiac or arterial condition.

All psychological conditions including Attention Deficit Hyperactivity Disorder (ADHD) liable to lead to behavioral problems and requiring a specialized care.

Any health problem that might, because of its nature or the treatment required, result in consequences that are harmful to participation in motor sport including in case of an accident



Medical

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Part 4: Examining Physicians' Information

Name _____ Address _____ City/Prov/PC _____ Phone _____	Physician's Stamp
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Part 5: Examining Physicians' Report - Please review page 1 and 2, before doing an examination.

Applicant's Name: _____

1	Is there any evidence of abnormality of the heart of cardiovascular system? (If yes provide details in Part 6 below)	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Is there any evidence of a physical or mental condition, past or present which could, in your opinion, debar the applicant from holding a motor sport competition license? (If yes provide details in Part 6 below).	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Does the applicant have any physical abnormality of restriction of movement of upper and/or lower limbs? (If yes provide details in Part 6 below).	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Vision	
	a) Has the applicant ever had any disease or disorder of the eye other than needing glasses or contact lenses? (If yes provide details in Part 6 below)	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) Are corrective lenses (contact lenses or glasses required for driving?).	Yes <input type="checkbox"/> No <input type="checkbox"/>
	c) I have performed a vision test.	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Blood Pressure (If yes provide details in Part 6 below). Diastolic Systolic - _____/_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Date of last Tetanus shot	_____

Part 6: Details: (Continue on another page if necessary).

Part 7: Recommendation of Examining Physician:

The applicant should have no established medical history or clinical diagnosis that may reasonably be expected, within 2 years after this finding, to make them unable to perform the duties or exercise the privileges of WCMA competition license.

On the basis of the above report, and mindful of the information provided to me, I make the following recommendation:

- Yes That the applicant is physically and psychologically fit to drive a racing vehicle in competitive events at high speeds.
- No That the applicant is **NOT** physically and psychologically fit to drive a racing vehicle in competitive events at high speeds.

Date: _____ M: _____ D: _____ Y: Signature: _____ M.D.