



YOUR MOTORSPORTS JOURNEY BEGINS HERE
WWW.MCSCC.ORG

MEDICAL FORM 2023

- Ages 14 – 39 – Medical valid for 5 years
- Ages 40 – 49 – Medical valid for 3 years
- Ages 50 – 69 – Medical valid for 2 years
- Ages 70+ - Medical valid for 1 year

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

Fainting Spells	Epilepsy/seizures	Asthma	Head injury	Heart Trouble	Heat Stroke
Loss of consciousness	High blood pressure	Diabetes	Kidney Disease	Chest Pain	Take Insulin

IF YES, EXPLAIN _____

Do you take any medications, either prescription or over the counter? YES NO

IF YES, EXPLAIN _____

Do you have any allergies? YES NO

IF YES, EXPLAIN _____

Any operations/hospitalizations in the last 12 months? YES NO

IF YES, EXPLAIN _____

THE FOLLOWING TO BE COMPLETED AND SIGNED BY AN MD, DO, PA-C, or NP

Attention Examiner: While performing this exam, please keep in mind that racing cars is very stressful, both mental and physical. The driver can be in a confined space, experience an elevated heart rate and be exposed to temperatures approaching 140 degrees Fahrenheit while wearing multi-layer flame retardant clothing.

Blood Pressure _____	V	Uncorrected	Corrected	Field of Vision
	I	Right 20/____	20/____	
Resting pulse _____	S			Right _____
	I	Left 20/____	20/____	
With exercise _____	O			Left _____
	N	Both 20/____	20/____	
2 min later _____				

Do you recommend the driver wear corrective lenses when driving? YES NO

Neurological (reflexes, motor, equilibrium, coordination) _____

Heart _____ Abdomen _____

Lungs _____ Hernia _____

Urine Sp. Gr _____ Alb _____ Sugar _____
(To be done if hypertension, diabetes or renal disease is present).

(Physician's option: Electrocardiogram results NORMAL ABNORMAL)

Explain _____

Remove below this line and submit to the Licensing Director, NOT VALID if not COMPLETED in FULL

Drivers Name: _____ MC License Type: _____

Address: _____ MC License #: _____

City/State/Zip _____ Date of Birth: _____ (mm/dd/year)

THE PORTION BELOW IS REQUIRED TO BE FILLED OUT IN FULL BY MEDICAL EXAMINER

It is my opinion that the above applicant **IS** **IS NOT** physically fit to drive an automobile at high speeds.

Print Examiner Name _____ Date _____

Address _____

Examiner Signature _____ **2023**