



**PHYSICAL EXAMINATION FORM  
FOR ARMS COMPETITION LICENCE**

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**Dear Doctor,**

**This is page 1 of 3 pages.** You are being asked to examine this candidate for a racing licence from Atlantic Region Motor Sport Inc. If you find the candidate physically and psychologically fit, and they pass their other tests, the candidate will then be granted a licence 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 licence 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 with behavioural effects, or under treatment
- Amputations, except in the case of fingers where the gripping function in both hands is unimpaired
- Orthopedic appliances, if the functional result is not equal or near to normal
- Free movement of the limbs impeded by more than 50%
- Insulin-dependent diabetes, unless a document is provided to ARMS signed by a medical doctor specializing in diabetes or internal medicine proving the regular supervision of the party concerned and of their treatments.
- Myocardial infarction and myocardial ischaemia, valvular disease or other abnormal cardiovascular conditions
- Functional limitation of the articulations of the hand superior to 50% and affecting two or more fingers of the same hand
- Psychiatric conditions



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**Part 1: Applicants' Information:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 City/Province: \_\_\_\_\_ Gender: M  F   
 Date of Birth: D: \_\_\_\_\_ M: \_\_\_\_\_ Y: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Part 2: Applicants' Medical Self-Declaration**

Have you been treated for, have you ever had, or have you now, any of the following: Yes, responses should be detailed on a separate sheet or the reverse of this page.

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		
Abnormal Cardiac Rhythms		
High Blood Pressure		
Psychiatric/Mental Health Problems		
Operation(s) involving Eyes, Brain, Heart, Nerves, Blood Vessels, or Bones		
Allergies		
Eye trouble (except for glasses)		
Asthma		
Diabetes		
Anemia, or other blood diseases including abnormal bleeding		
Admission to a hospital in the past 12 months		
Amputations and/or Physical disability		
Previous denial(s) from the former ASN due to a medical reason(s)		
Date of last Tetanus Shot.		

**List all Medications (include dosage and frequency taken):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part 3: Applicants' Declaration:**

1. I declare that the information regarding my present state of health, given to the examining physician is correct.
2. I agree to be re-examined as follows:
  - a. Upon the expiration of my current medical as required by the current competition rules.
  - b. Following any significant illness, injury or hospitalization.
3. I give permission to any hospital, institution, or physician, to furnish my medical information to ARMS only if necessary

Date: \_\_\_\_\_ M: \_\_\_\_\_ D: \_\_\_\_\_ Y: \_\_\_\_\_ Signed: \_\_\_\_\_



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Part 4: Examining Physicians' Information

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Prov/PC: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Physician's Stamp: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Part 5: Examining Physicians' Report - Please review page 1 and 2, before doing an examination.

Applicants Name: \_\_\_\_\_

1	Is there any evidence of abnormality of the heart or cardiovascular system? (If yes provide details in Part 4 below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Note:</b> Applicants for an International Competition licence are required to pass an annual medical examination. International Licence applicants 45 years of age or over must pass a Stress ECG initially and every 2 years thereafter.		ECG Date: _____	
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 licence? (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	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	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
6	Date of last Tetanus Shot	M: _____	D: _____ Y: _____

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 ARMS competition licence.

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

- That the applicant is physically and psychologically fit to drive a racing vehicle in competitive events at high speeds.
- That the applicant is **NOT** physically and psychologically fit to drive a racing vehicle in competitive events at high speeds.

Date: \_\_\_\_\_ M: \_\_\_\_\_ D: \_\_\_\_\_ Y: \_\_\_\_\_

Signed: \_\_\_\_\_ M.D.