



Name: _____

Address: _____

Phone: _____ D.O.B: _____

Height (cm) Weight (kg) Pulse Blood Pressure

		Normal	Abnormal	Comments
1.	Heart Sound			
2.	Peripheral circulation			
3.	Respiratory system			
4.	Abdomen/ gastro-intestinal system			
5.	Cranial nerves			
6.	Hearing/ vestibular system			
Power, Tone and Reflexes				
7.	Upper Limbs			
8.	Lower limbs			
9.	Co-ordination			
10.	Skeletal system and joint system			
Urine Testing				
11.	Albumin			
12.	Sugar			
Visual				
13.	Eye movements			
14.	Visual fields			
15.	Cover test			
16.	Colour vision (Ishihara)			
17.	Visual Acuity	L	R	
	Unaided	6 /	6 /	
	With correction	6 /	6 /	
History				
18.	History suggesting psychiatric problems			
19.	History suggesting neurological problems			
20.	History suggesting respiratory disease			
21.	History suggesting heart disease			
22.	History suggesting visual problems			

Doctors Declaration:

I have personally examined the applicant on / / and based on this examination and information provided by the patient, it is my opinion that the patient is:

- Fit to participate in motorsport
- Unfit to participate in motorsport

Doctors Name: _____

Doctors Signature: _____

Patients Signature: _____

(to be witnessed by doctor)

DOCTORS
STAMP
REQUIRED