



January 2005

***Physical Examination form for the purpose of obtaining a BMW CCA Club Racing Competition License. Reverse side of form to be completed by examining Medical Doctor and returned to the applicant.***

Dear Doctor,

You are being asked to examine this applicant for the purpose of obtaining a competition racing license issued by the BMW Car Club of America (BMW CCA) Club Racing. This form concentrates on the organ system(s) and disease processes that may jeopardize the applicant or others attending a competition race event.

The functional requirements of a driver in a competition automobile are:

1. Ability to rapidly operate acceleration, braking and steering mechanisms/systems (mechanical assistance allowed).
2. Vision: distant vision correctable to 20/40 each eye, ability to distinguish basic colors, and peripheral vision to 70 degrees in the horizontal median for each eye.
3. Minimal chance of sudden incapacitation from any disease process.
4. Ability for rapid mental activity and problem solving.

The environment this applicant may operate in is:

1. Temperature extremes from 0 to 120 degrees external to the vehicle (hotter inside).
2. Smoke, fumes, vapor, and dust.
3. Noise, and vibration.
4. Potential for the presence of fire.

Any place where consults are needed, the consultant must have a significant knowledge of the disease process and the high speed racing environment. The consultant does not have to be a specialist in the particular disease process.

Applicants who have not received a medical waiver are required to submit a current physical examination:

***every five (5) years for those 18 - 35 years of age  
every two (2) years for those 36 - 59 years of age  
each year for those 60 years of age and older***

Requirements for applicants who have received a medical waiver are defined by the BMW CCA Club Racing Medical Board.

Thank you for your input.

Sincerely,

*The BMW CCA Club Racing Medical Board*

Attachment



## APPLICANT'S MEDICAL HISTORY (To be completed by applicant)

**Applicant: For the purpose of obtaining an BMW CCA Club Racing Competition License, complete this page legibly and in its entirety. Failure to complete required information will delay the processing of your license. Examining Physician must complete the reverse side of this form.**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City, St. Zip: \_\_\_\_\_

Phone: (H)( ) \_\_\_\_\_ (W)( ) \_\_\_\_\_ E-mail \_\_\_\_\_ Chapter: \_\_\_\_\_

Occupation: \_\_\_\_\_ Sex: \_\_\_\_\_ Martial Status: \_\_\_\_\_ Years as licensed racer: \_\_\_\_\_

Your Personal Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City, St. Zip: \_\_\_\_\_

Examining Physician : \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City, St. Zip: \_\_\_\_\_

A. Have you been treated for, have you ever had, or have you now, any of the following:  
(Yes responses should be explained on a separate sheet and attached when submitted)

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 Left Bundle Brach Block Abnormal Cardiac Rhythms		
High Blood Pressure		
Any drug or alcohol problems		
Psychiatric/Mental Health Problems		
Operation(s) involving Eyes, Brain, Heart, Nerves, Blood Vessels, or Bones		
Previous waiver(s) from BMW CCA Club Racing for a medical condition: List:		

Conditions	Yes	No
Hay fever		
Eye trouble (except glasses)		
Asthma		
Diabetes		
Anemia, or other blood diseases including abnormal bleeding		
Admission to a hospital in the past 12 months		
Allergy(s) to medications List:		
Amputations /Physical disability		
Previous denial(s) from BMW CCA Club Racing due to a medical reason(s) List:		
Illness(s) not mentioned above List:		

Date of last Tetanus: \_\_\_\_\_

Blood Type (if known): \_\_\_\_\_

Comments: \_\_\_\_\_

Medications Used (including eye drops): \_\_\_\_\_

This is to certify that these statements are true and accurate. I also give permission to any hospital, institution, or physician, to furnish any information to the BMW CCA Club Racing Medical Board.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# PHYSICIAN'S EXAMINATION To be completed by a Medical Doctor

Applicant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respirations: \_\_\_\_\_

**NOTE:** Candidates having the following afflictions must be referred to the BMW CCA Club Racing Medical Board for review:

- |   |   |                             |
|---|---|-----------------------------|
| 1. Less than 20/40 corrected vision in the better eye   | 4. All gross deformities subject to listing | 8. Psychological problems   |
| 2. Alcoholic or drug addiction                          | 5. Loss of extremity or eye                 | 9. Epilepsy                 |
| 3. Blood pressure: Diastolic over 90, systolic over 160 | 6. Diabetes                                 | 10. History of Heart Attack |
|   | 7. Loss of color vision                     |                             |

## **VISION** *Abnormalities require an attached ophthalmological consult*

Vision OD: \_\_\_\_\_ OS: \_\_\_\_\_ OU: \_\_\_\_\_

Color Vision: \_\_\_\_\_ Test: \_\_\_\_\_

Peripheral Vision (intact visual fields): \_\_\_\_\_ OD: \_\_\_\_\_ OS: \_\_\_\_\_ Test: \_\_\_\_\_

## **NEUROLOGICAL** *Abnormalities require an attached neurological consult*

Reflexes: \_\_\_ Normal \_\_\_ Abnormal Cerebellar: \_\_\_ Normal \_\_\_ Abnormal

Other tests performed: \_\_\_\_\_

## **CARDIAC** *Abnormalities require an attached cardiologic consult if applicable*

At the age of 40, a baseline EKG should be performed. Further EKG's need to be completed only if the candidate is a smoker, has a cardiac history, a strong family history of cardiac disease, history of diabetes, or has hypertension (systolic > 140, diastolic > 90). Cardiac Exam: \_\_\_ Normal \_\_\_ Abnormal

EKG within normal limits: \_\_\_ Yes \_\_\_ No \_\_\_ EKG not done. Date of baseline EKG: \_\_\_\_\_

## **METABOLIC**

History of Diabetes: \_\_\_ Yes *(Please attach an Endocrinologic consult for any history of Diabetes if applicable).*

Comments or concerns that the BMW CCA Club Racing Medical Board should be aware of: \_\_\_\_\_

Comments regarding current medications the applicant is taking (any side effects): \_\_\_\_\_

Examining Physician's Comments regarding applicants medical history: \_\_\_\_\_

On the basis of this limited examination, review of the patient's history, and the instructions addressed to me, I (check one): \_\_\_ Find the candidate medically acceptable to operate a high speed competition automobile.

\_\_\_ Recommend the candidate's medical history be reviewed by the BMW CCA Club Racing Medical Board.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City, St. Zip \_\_\_\_\_