Physican's Examination and Medical History Forms

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 competition race events.

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 (red, green & yellow), and peripheral vision to 45 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.

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

every five (5) years for those 16 - 39 years of age
every three (3) years for those 40 - 49 years of age
every two (2) years for those 50 - 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 Committee.

Thank you for your input.

Sincerely,

The BMW CCA Club Racing Medical Committee

Attachment

BMW CCA Club Racing, 640 South Main Street, Suite 201, Greenville, SC 29601
(864) 250-0022 office, (864) 250-0038 fax

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

Applicant: For the purpose of obtaining a BMW CCA Club Racing 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 page two of this form.

Name: ____ Age: ______ Date of Birth: ____________________

Address: ____City, St. Zip: __________________________________

Your Personal Physician: ______________________________________ Phone:(   ) ____________________

Address: ____City, St. Zip: __________________________________

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**
Diabetes: Insulin required		
Unconsciousness for any reason		
Dizziness or fainting spells		
Epilepsy or Seizures		
Heart Trouble: Coronary Artery Disease or Angina Valve disease Left Bundle Branch Block Abnormal Cardiac Rhythms		
High Blood Pressure		
Any drug, narcotic 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:		
Amputation/Physical disability		

Conditions	**Yes**	**No**
Eye trouble (except glasses)		
Cancer (last 5 years)		
Anemia, or other blood diseases including abnormal bleeding		
Admission to a hospital in the past 12 months. Why?		
Allergy(s) to medications List:		
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 Committee.

Applicant's Signature:____ **Date:** ________________

PHYSICIAN'S EXAMINATION

(To be completed by a Medical Doctor)

Applicant's Name: ____ Age: ______

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

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

EKG's need to be completed and attached for the following conditions:

1. Abnormal EKG
2. Smoker
3. History of Cardiac Disease
4. Hypertension/Blood Pressure
   a) reading > 140 systolic or 90 diastolic
   b) treated by physician – every 5 years
5. Diabetes
   a) Insulin – required annual
   b) Non insulin – required per medical exam group

Abnormalities require an attached Ophthalmological, Neurological or Cardiologic consult

Blood Pressure: __________ Pulse: ______ Respiration:______ Height:_________ Weight:___________

VISION *Abnormalities refer to above.*
Vision (use numbers) Right:___________ Left:___________ Both:____________
Color Vision "You can see.." (Red: _____Yes _____No) (Green: _____Yes _____No) (Yellow: _____Yes _____No
Peripheral Vision (use numbers) degrees from midline:_______ Right:______ Left:______ Test:_________________

NEUROLOGICAL *Abnormalities refer to above.*

Reflexes: ____ Normal ____ Abnormal
Other tests performed: __________________________
____

CARDIAC *Abnormalities refer to above.*

Cardiac Exam: _____ Normal _____ Abnormal

METABOLIC *Please attach a HgbA1C for Diabetic*
Diabetic: ______Yes ______No Insulin: ______Yes ______No HgbA1C (less than 10) ______
Evidence of end organ damage: ______Yes ______No

Comments or concerns that the BMW CCA Club Racing Medical Committee 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):

____ *Recommend that this examinee be considered for medicial approval to participate in high speed automotive competition events.*

____ *Recommend that this examinee's medical information be reviewed by the BMW CCA Club Racing Medical Committee.*

Physician Signature and Stamp: Phone: (____)_________________

Signed: ____ **Date:** ____________________________