



# Physician's Examination

Dear Doctor,

The 2<sup>nd</sup> page of this form outlines the physical examination required to obtain a CASC Ontario Region race driving licence. The form is to be completed by a qualified medical physician and returned to the applicant.

You are being asked to examine this applicant for the requirements listed on the form. They concentrate on the organ system and disease processes that may jeopardize either the applicant or others attending a competition event.

The functional requirements of competition driving are:

1. Ability to rapidly operate acceleration, braking and steering mechanisms/systems (mechanical assistance allowed).
2. Vision: distant vision correctable to 20/30 in the better eye, normal depth perception, ability to distinguish basic colours, 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.

**In consideration of their being granted a competition licence, drivers acknowledge and accept that certain risks are inherent in such events; that by participating in such events they voluntarily run the risk of injury or loss of life; and that, as a condition of their being so licenced, they assume all such risks themselves.**

The environment this applicant may operate in is:

1. Temperature extremes from 0 to 45+ degrees C. internal to the vehicle.
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 16 - 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

Thank you for your input.

Sincerely,

Steven Scala  
Administrator  
CASC Ontario Region



# Physician's Examination Form

For Completion by a Medical Doctor

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

Weight \_\_\_\_\_ Hair Colour: \_\_\_\_\_ Eye Colour: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Pulse: \_\_\_\_\_ Respirations: \_\_\_\_\_

**Please Note:** Candidates having the following afflictions must be referred to the CASC Ontario Region Medical Officer for review:

1. Less than 20/30 corrected vision in the better eye
2. Loss of extremity or eye
3. Psychological problems
4. Blood pressure: Diastolic over 90, Systolic over 140.
5. Diabetes
6. Epilepsy
7. Spasmodic Conditions
8. Alcoholic or drug additions
9. History of heart attack
10. All gross deformation subject to listing
11. Loss of colour vision

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

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

Colour Vision: \_\_\_\_\_ Test: \_\_\_\_\_ Depth Perception: \_\_\_\_\_ Test: \_\_\_\_\_

Peripheral Vision (degrees from midline): \_\_\_\_\_ OD: \_\_\_\_\_ OS: \_\_\_\_\_ Test: \_\_\_\_\_

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

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

Other test performed: \_\_\_\_\_

**CARDIAC** Abnormalities require an attached cardiologic consult.

At the age of 40, a baseline EKG should be performed. Further EKGs 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

**METABOLIC** If any history of Diabetes, please attach an HgbA1C and Endocrinologic consult.

History of Diabetes \_\_\_\_\_ Yes \_\_\_\_\_ No HgbA1C: \_\_\_\_\_

Comments or concerns that the CASC Ontario Region Medical Officer should be aware of:

\_\_\_\_\_

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

\_\_\_\_\_

Examining Physician's comments regarding applicant's 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.
- Find the candidate medically **unacceptable** to operate a high-speed competition automobile.

**I, the undersigned, have read the requirements as stipulated on Page 1 of this document.**

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

Printed Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_