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Welcome Centre,
Jalan Pekeliling, 64000 KLIA, Selangor Darul Ehsan
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MEDICAL EXAMINATION FORM FOR COMPETITION LICENCE – ONE YEAR BASIS

Note : You must bring the completed Licence Application Form with you and give it to the Doctor

Name of Applicant [ ] I/C No [ ]

Address [ ]

TO BE COMPLETED BY EXAMINING DOCTOR

Please note the answers to the questions by the applicant on Page 2 of Competition Licence Application and record any abnormality below in 'Observations/Recommendations'

1. Are you the regular medical attendant of the Applicant? YES/NO

2. Is there any evidence of a physical or mental condition, past or present, which could, In your opinion, debar the applicant from competing in motor sport? YES/NO
Past Medical History.....

3. Date of last Tetanus Injections (If not known, state so or state "date provided by applicant"): [ ]

4. Height : [ ] Weight : [ ]

5. Cardiovascular System :
Blood Pressure : ..... mm/Hg Pulse rate : ..... Rhythm : .....
Ascultation : ..... Murmurs : YES/NO Type : .....
Stress ECG : .....

(Stress ECG is required for applicants 45 years and above annually/or as and when required by the Medical Examiner)

6. Respiratory System :
Ascultation : Lung Fields :
[ ]

7. Gastro-Intestinal System
Palpation : [ ]

Ascultation : [ ]

8. Genito-urinary System :
a) Any abnormality : [ ]

b) Urine – Albumin : [ ] Sugar : [ ]

9. Central Nervous System
Vision Snellen's Chart
a. Vision : R eye ...../..... L eye ...../..... With correction of applicable : R eye ...../..... L eye ...../.....
Field of Vision : R eye ...../..... L eye ...../..... Pupil reaction to L & A : R eye ...../..... L eye ...../.....
Color vision : Normal/Abnormal ..... Hearing : Normal/Abnormal
(as tested with Ischiara's Chart or Beyne Lantern)

b. Locomotor System :

Upper Limb: Abnormality : Yes/No      Power : ..... Reflex: .....

Lower Limb: Abnormality : Yes/No      Power : ..... Reflex : .....

Observations/Recommendations :

**THIS IS TO CERTIFY** that the above named applicant has today been examined by me and found to be :

<b>FIT TO RACE</b>	<input type="checkbox"/>
<b>UNFIT TO RACE</b>	<input type="checkbox"/>

Please tick (√)

Blood Group (**COMPULSORY TO FILL IN**)

Rhesus (**COMPULSORY TO FILL IN**)

Name of the Clinic

Adress   
 Postcode :

Tel & Fax No

Doctors name

Doctors's signature

Date

Official STAMP

Any fee charged for completion of this examination or associated with it is the responsibility of the applicant

**The applicant is requested to forward the completed form immediately to :**

**Motorsports Association of Malaysia, 2<sup>nd</sup> Floor, North Wing, Welcome Centre, Jalan Pekeliling, 64000 KLIA, Selangor Darul Ehsan**