



VMC Recommended Medical Template

Approved February 20, 2016

Following this instruction page is the new *VMC Recommended Medical Template*. It is suggested that VMC organizations **use the following two pages as a Template to adopt and make their own**. Importantly this includes that each organization should "Brand" the Template by adding the organization's logo, editing the appropriate mailing address for the completed exams (i.e. items in red), and any other modifications desired.

This new *Recommended Template* comes after many years of experience with the previous VMC medical form and is the result of a VMC Committee study and recommendation, approved in concept at the Oct. 2015 meeting, and given final approval at the Feb. 20th 2016 meeting. It also recognizes a changed medical environment. Major conclusions reached before approving the use of this new format were:

- **This new Template does not specify detailed medical items to be examined.** The VMC is not medically trained -- Doctors are. Rather, the Template provides an explanation of the stresses involved in racing and leaves it to the Doctor to exam and/or test as he/she deems appropriate given familiarity with the patient and in the context of the patient's general overall health. [**Note:** Organizations are free to continue using the old medical exam form which detailed exact exams and tests to be done. However, for reasons stated above, VMC believes that it unnecessarily complicates the exam to no particular advantage. Thus the new Template is recommended instead.)
- **You'll note, when completed by the examining physician, the 2-page form is returned to the host organization and it does not include any private medical information.** While HIPAA laws are not strictly applicable, VMC believes that in the spirit of HIPAA's intent, it is probably best that details of private medical information on our members should not be in the possession of the organization.

VMC recognizes that different organizations have different age requirements for exam frequency. Consequently, **that section of the Recommended Template should be examined and adjusted accordingly.** The age/expiration brackets in the Template are those suggested by the VMC as a reasonable industry standard. However, VMC is respectful of differences of opinion and suggests that each organization modify, if they wish, the frequency requirements to reflect their beliefs or practices.

Then, after branding and any edits the final 2-page form should be converted to a PDF file to be hosted on your website and made available to your drivers as your organization's preferred medical exam. Some organizations may wish to also state what other standard medical exams are alternately acceptable (e.g. a pilot's medical exam).

NOTE: This *Recommended Template* is provided in a Word.doc format. This is so the actual 2-page Template can easily be edited to a final 2-page "Branded" document. Because of the many advantages of the universally readable PDF file format, **it is strongly suggested that after editing, it should be saved as a PDF file for actual web-hosting and/or distribution.** Each organization should retain the Word.doc version for ease of making any needed future revisions, but always publish it in the PDF file format.

[The 2-page Template follows]

**Medical Examination
For
Vintage Auto Racing**



Physical Examination of: _____

Date of Examination: _____

Racing organization requesting this medical exam: **VSCR – Vintage Sports Car Racing**

To The Applicant: If you are between 18 and 35 years of age a physical examination is required every 5 years, for applicants between the ages of 36 and 60 every 2 years and for those over 60 every 13 months. As applicant, you should fill out the required applicant information at the top of this page and on page two.

On completion of the Examination by your physician, verify that this form has been fully completed and signed by both you and the physician on both pages. Then submit this entire form to:

**VSCR – Competition Chair
Steve Nichols
441 Fremont Street
Anoka, MN 55303**

Applicant should retain a copy of this entire packet for your records should our organization (or another you are racing with) wish to inspect it.

As applicant, and by signing below, you understand that any alteration or forgery of this document are grounds to invalidate this exam and could result in expulsion or sanctioning. You hereby authorize your physician to release to any medical information that may affect your ability to safely participate in racing events. You authorize this organization to contact your physician to verify both that this exam was completed and that his recommendation is as shown below. You also agree to notify our organization of changes in your health which may affect your ability to safely participate in vintage racing.

Signed: _____ **Date:** _____

To The Examining Physician: This exam is required to assure that the applicant is in good health and can be expected to withstand the rigors of vintage racing. Vintage automobile racing is a speed event involving numerous cars on the track at the same time. As may be specified by various sanctioning bodies, the drivers are protected by roll bars, restrained within the car by a racing harness and must wear fire retardant clothing and helmets designed for auto racing. Practice and race sessions typically last 15 to 30 minutes, but can be longer. The racing environment can be very hot and speeds for brief periods can be 90 to 150mph.

You are being asked to examine this individual who is applying for a vintage auto racing competition license. This form concentrates on assessing the organ system and disease processes that may jeopardize the applicant or others attending a competition race event.

The functional requirements of the applicant to drive in a competition automobile are:

- Brain: The ability for rapid mental activity and problem solving.
- Limbs: The ability to rapidly operate acceleration, braking and steering mechanisms and to rapidly exit the car without assistance.
- Vision: Distant Vision correctable to 20/30 each eye, normal depth perception, peripheral vision to 70 degrees in the horizontal median for each eye and the ability to distinguish basic colors.
- Minimal chance of sudden incapacitation from any disease process.

The environment in which the applicant may operate a competition automobile is:

- Temperature Extremes from 0 to at least 120 degrees.
- Smoke, fumes, vapor and dust.
- Noise and vibration, deceleration and cornering forces.
- Potential for the presence of fire.

After reviewing the above applicant's medical history and performing appropriate physical examination and/or tests please sign both this page (below) and also on page two.

Signed: _____ **Date:** _____

Physical Examination of: _____

Applicant's Information (To be completed by the patient prior to the examination):

Name: _____ Age: _____
Street: _____ Sex: _____
City: _____ Weight: _____
State: _____ Date of Birth: _____
Zip: _____ Eye Color: _____
Phone: _____ Hair Color: _____
Email: _____ Personal Physician: _____
Do you have a license from this racing organization? Yes / No If "Yes", license number _____
Do you have a national license from VMC? Yes / No If "Yes", license number _____

Conclusion of The Examining Physician:

After reviewing the information on page one regarding the physical demands of vintage racing, the applicant's medical history, and performing this examination, please note your conclusion (Check one):

At this time, the patient is physically and psychologically fit to drive a race car in competitive events at high speed,

OR

At this time, the patient is NOT FIT physically or psychologically to drive a race car in competitive events at high speed.

Signed: _____ Date: _____

Printed Name: _____

Address: _____

Phone: _____

For Official Use Only:

Date received: _____