

Dear Doctor,

This is page 1 of 4 pages. You are being asked to examine this candidate for a racing license from Sports Development Group, the National Sporting Authority for motorsport in Canada. If you find the candidate physically and psychologically fit, and they pass their other tests, the candidate will then be granted a license that will enable them to drive a competition vehicle at extremely high speeds under the most exacting conditions.

Please, therefore, examine the candidate carefully and critically, and recommend them only if you are completely satisfied in all respects. You will thus be doing not only the applicant, but also our sport, a service by conducting this examination as carefully as possible.

For further information regarding the duties for carrying out this examination and the regulations stipulated by the Federation Internationale de L'Automobile (FIA), the global sanctioning body for motorsports which provides governance and safety to motorsport. For more information on the FIA please visit fia.com; For more information about medical regulations please visit asncanada.ca/medical

Eyesight standards required:

- a) Visual acuity (before or after correction, sight for each eye should be at least 6/15 (metric). Furthermore, any subject whose visual acuity in one eye only is diminished and cannot be corrected and who necessarily has contralateral vision, whether corrected or not, equal to or greater than 6/6 (metric), may obtain a driver's racing license under the following conditions and after examination by a competent ophthalmic specialist:
 - Field of vision equal to or greater than 120°
 - Functional stereoscopic vision
 - Condition of the fundus excluding pigmentary retinal damage
 - Any old or congenital damage shall be strictly unilateral
 - Blindness in one eye is absolutely excluded
- b) Normal binocular vision
- c) Normal colour vision (recourse to the Ishihara tables in doubtful cases and to the Beyne Lantern, or a similar system in cases of error); in any case, no errors in the perception of the colours of the flags used in international competitions
- d) The wearing of contact lenses is permitted provided that:
 - They have been worn for a period longer than 12 months and for a significant period every day
 - They are certified as satisfactory for motor racing by the ophthalmic specialist who supplied them (hard contacts are not recommended).

List of illnesses and disabilities incompatible with the practice of motor sport or requiring a medical assessment:

- Epilepsy under treatment or not, with clinical manifestations confirmed during the 10 previous years
- Any cardiovascular problem with risk of sudden death
- Blindness in one eye (monocular blindness).
- All limitations of the articulations, amputations and prosthetic limbs which do not satisfy the criteria in Article 1.4 (please contact Sports Development Group (GDS) for further information)
- Major central or peripheral sensor-motor malfunction (monoplegia, hemiplegia, paraplegia, etc)
- diabetes being treated with insulin or sulfonylureas, on condition that a confidential document proving the regular supervision of the party concerned and indicating the nature of his treatment is submitted to the medical body approved by Sports Development Group (GDS) and that the medical certificate of aptitude (see Article 1.8) bears the wording "medical supervision necessary";
- Any abnormal cardiac or arterial condition.
- All psychological conditions including Attention Deficit Hyperactivity Disorder (ADHD) liable to lead to behavioral problems and requiring a specialized care.
- Any health problem that might, because of its nature or the treatment required, result in consequences that are harmful to participation in motor sport including in case of an accident

Part 1: Applicants' Information:

Name: _____ Age: _____

Address: _____ Postal Code: _____

City/Province: _____ Gender: M F

Date of Birth: M: _____ D: _____ Y: _____ Height: _____ Weight: _____

Wears Glasses: Yes No

Part 2: Applicants' Medical Self-Declaration

Have you been treated for, have you ever had, or have you now, any of the following: Yes, responses should be detailed on a separate sheet or the reverse of this page.

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		
Abnormal Cardiac Rhythms		
High Blood Pressure		
Currently on Blood Thinner Medication		
Psychiatric/Mental Health Problems		
Operation(s) involving Eyes, Brain, Heart, Nerves, Blood Vessels, or Bones		
Allergies		
Eye trouble (except for glasses)		
Asthma		
Diabetes		
Anemia, or other blood diseases including abnormal bleeding		
Admission to a hospital in the past 12 months		
Any history of drug or alcohol abuse		
Been diagnosed with obstructive sleep apnoea or narcolepsy		
Amputations and/or Physical disability		
Previous denial(s) from any sanctioning body, past or present due to medical reasons		
Date of last Tetanus Shot.		

List all Medications (include dosage and frequency taken):

Part 3: Applicants' Declaration:

1. I declare that the information regarding my present state of health, given to the examining physician is correct.
2. I undertake not to use any substance included on the World Anti-Doping Agency list of prohibited substances and methods, which can be found here <https://www.wada-ama.org/en/content/what-is-prohibited>
3. I undertake to advise Sports Development Group (GDS) with delay of any significant change in my state of health
4. I agree to be re-examined as follows:
 - a. Upon the expiration of my current medical as required by the current competition rules.
 - b. Following any significant illness, injury or hospitalization.
5. I give permission to any hospital, institution, or physician, to furnish my medical information to GDS or Sports Development Group.

Applicant Signature: _____ Date M: _____ D: _____ Y: _____

Signature of Parent/Guardian if applicant is under the of majority:

_____ Date M: _____ D: _____ Y: _____

Part 4: Examining Physicians' Information

Name: _____	Physician's Stamp:
Address: _____	
City/Prov/PC: _____	
Phone: _____	

Part 5: Examining Physicians' Report - Please review page 1 and 2, before doing an examination.

Applicants Name: _____

- 1 Is there any evidence of abnormality of the heart or cardiovascular system? (If yes provide details in Part 6 below) Yes No

Note: Applicants for an International Competition licence are required to pass an annual medical examination. International Licence applicants under 45 years of age must pass a relaxed 12-lead electrocardiogram every two years.

ECG Date: _____

From the age of 45 years, or earlier if necessary, and every 3 years, a consultation with a cardiologist specialist will be requested. If deemed useful, further investigations including a Stress ECG can be requested.

- | | | | |
|---|--|------------------------------|-----------------------------|
| 2 | Is there any evidence of a physical or mental condition, past or present which could, in your opinion, debar the applicant from holding a motor sport competition licence? (If yes provide details in Part 6 below). | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3 | Does the applicant have any physical abnormality of restriction of movement of upper and/or lower limbs? (If yes provide details in Part 6 below). | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4 | Vision | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | a) Has the applicant ever had any disease or disorder of the eye other than needing glasses or contact lenses? (If yes provide details in Part 6 below) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | b) Are corrective lenses (contact lenses or glasses required for driving?). | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | c) I have performed a vision test. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5 | Blood Pressure (If yes provide details in Part 6 below). | Diastolic | Systolic |
| 6 | Date of last Tetanus Shot | M: _____ | D: _____ Y: _____ |

Part 6: Details: (Continue on another page if necessary).

Part 7: Recommendation of Examining Physician:

The applicant should have no established medical history or clinical diagnosis that may reasonably be expected, within 2 years after this finding, to make them unable to perform the duties or exercise the privileges of competition license issued by Sports Development Group (GDS).

On the basis of the above report, and mindful of the information provided to me, I make the following recommendation:

- That the applicant is physically and psychologically fit to drive a racing vehicle in competitive events at high speeds.
 That the applicant is **NOT** physically and psychologically fit to drive a racing vehicle in competitive events at high speeds.

Date: M: _____ D: _____ Y: _____

Signed: _____ M.D.