



MEDICAL EXAMINATION FORM

Dear Doctor,

You are being asked to examine this candidate for a racing licence from Auto Sport Quebec. If you find the candidate physically and psychologically fit, and they pass their other tests, the candidate will then be granted a licence 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.

Eyesight standards required:

- a) Visual acuity (before or after correction, sight for each eye should be at least 9/10 (metric). Furthermore, any subject whose visual acuity in one eye only is diminished and cannot be corrected and who necessarily has controlateral vision, whether corrected or not, equal to or greater than 10/10 (metric), may obtain a driver's licence under the following conditions and after examination by a competent ophthalmic specialist:

- Field of vision equal to or greater than 200°
- 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) Normal field of vision
- e) Normal stereoscopic vision (licence should not be issued to applicants who are blind in one eye).
- f) The wearing of contact lenses is permitted provided that:
- These shall 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:

- a) Incompatible illnesses and disabilities:
- Epilepsy with behavioural effects, or under treatment
 - Amputations, except in the case of fingers where the gripping function in both hands is unimpaired
 - Orthopedic appliances, if the functional result is not equal or near to normal
 - Free movement of the limbs impeded by more than 50%
- b) Incompatible illnesses and disabilities necessitating an assessment by a doctor approved by Auto Sport Quebec:
- Insulin-dependent diabetes, on condition that a document is provided to Auto Sport Québec signed by a medical doctor specializing in diabetes or internal medicine proving the regular supervision of the party concerned and of their treatments.
 - Myocardial infarction and myocardial ischaemia, valvular disease or other abnormal cardio-vascular conditions
 - Functional limitation of the articulations of the hand superior to 50% and affecting two or more fingers of the same hand
 - Orthopedic appliance allowing the party concerned to recover normal or near normal functional activity
 - Psychiatric conditions

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Applicant's Personal Information

Name: _____ Age: _____

Address: _____ Date of Birth: (DD/MM/YYYY) _____

City/Province: Occupation:

Postal Code Gender: ☐ Male ☐ Female

It shall be the responsibility of the applicant to be re-examined as follows:

1. Upon the expiration of their current medical examination form as required by the current competition rules.
2. Following any significant illness, injury or hospitalization.

Examining Physician Identification

Doctor's Name:

Doctor Stamp:

Clinic Name & Phone Number:

Clinic Address:

City / Province / Postal Code:

Examining Physician Report

YES NO

NO

1. Is there any evidence of abnormality of the heart or cardiovascular system? (If yes, provide details) ☐ ☐
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) ☐ ☐
3. Does the applicant have any physical abnormality or restriction of movement of upper and or lower limbs? (If yes, provide details) ☐ ☐

[illegible]



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Applicant's name in full: _____

Eyesight Not corrected Right Eye 20/ _____ Left Eye 20/ _____

Corrected Right Eye 20/ _____ Left Eye 20/ _____

Angle of vision _____

Is the perception of colours normal? Yes ☐ No ☐

Blood pressure (if outside normal, provide details) Diastolic - _____ Systolic - _____

Tetanus booster Date: _____

Comments on the patient's history and results: _____

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 an Auto Sport Québec competition licence.

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 (DD/MM/AAAA)

Doctor's Signature

Practitioner's number