



Physician's Examination and Medical History

Dear Doctor,

You are being asked to examine this applicant for the purpose of obtaining a competition racing license issued by the BMW Car Club of America (BMW CCA) Club Racing. This form concentrates on the organ system(s) and disease processes that may jeopardize the applicant or others participating in competition race events.

The functional requirements of a driver in a competition automobile are:

1. Ability to rapidly operate acceleration, braking and steering mechanisms/systems (mechanical assistance allowed).
2. Vision: distant vision correctable to 20/40 each eye, ability to distinguish basic colors (red, green & yellow), and peripheral vision to 45 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.

The environment this applicant may operate in is:

1. Temperature extremes from 0 to 120 degrees external to the vehicle (hotter inside).
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.

Applicants who have not received a medical waiver are required to submit a current physical examination:

every five (5) years for those 16 - 39 years of age
every three (3) years for those 40 - 49 years of age
every two (2) years for those 50 - 59 years of age
each year for those 60 years of age and older

Requirements for applicants who have received a medical waiver are defined by the BMW CCA Club Racing Medical Committee.

Please retain this form in the patient's file at your office location. The only document that needs to be provided to the patient is the **APPLICANT MEDICAL RECOMMENDATION FORM v.1 (pp. 4)**

Sincerely,
The BMW CCA Club Racing Medical Committee

Attachments:
APPLICANT'S MEDICAL HISTORY
PHYSICIAN'S EXAMINATION
APPLICANT MEDICAL RECOMMENDATION FORM v.1



APPLICANT'S MEDICAL HISTORY

(To be completed by applicant)

Applicant: For the purpose of obtaining a BMW CCA Club Racing License, complete this page legibly and in its entirety. Failure to complete required information will delay the processing of your license. Examining Physician must complete page two of this form.

Name: _____ Age: _____ Date of Birth: _____

Address: _____ City, St. Zip: _____

Your Personal Physician: _____ Phone: () _____

Address: _____ City, St. Zip: _____

Have you been treated for, have you ever had, or have you now, any of the following:

Conditions	Yes	No
Diabetes: Insulin required		
Unconsciousness for any reason		
Dizziness or fainting spells		
Epilepsy or Seizures		
Heart Trouble: Coronary Artery Disease or Angina Valve disease Left Bundle Branch Block Abnormal Cardiac Rhythms		
High Blood Pressure		
Any drug, narcotic or alcohol problems		
Psychiatric/Mental Health Problems		
Operation(s) involving Eyes, Brain, Heart, Nerves, Blood Vessels, or Bones		
Previous waiver(s) from BMW CCA Club Racing for a medical condition: List:		
Amputation/Physical disability		

Conditions	Yes	No
Eye trouble (except glasses)		
Cancer (last 5 years)		
Anemia, or other blood diseases including abnormal bleeding		
Admission to a hospital in the past 12 months. Why?		
Allergy(s) to medications List:		
Previous denial(s) from BMW CCA Club Racing, PCA, SCCA or NASA due to a medical reason(s) List:		
Illness(s) not mentioned above List:		

Date of last Tetanus: _____

Blood Type (if known): _____

Comments: _____

Medications Used (including eye drops):

This is to certify that these statements are true and accurate. I also give permission to any hospital, institution, or physician to furnish any information to the BMW CCA Club Racing Medical Committee.
I will immediately notify BMW CCA Club Racing if there is any change in my medical condition after the submission of this Applicant's Medical History form.

Applicant's Signature: _____ **Date:** _____

PHYSICIAN'S EXAMINATION

(To be completed by a Medical Doctor)

Applicant's Name: _____ Age: _____

NOTE: Candidates having the following afflictions must be referred to the BMW CCA Club Racing Medical Committee for review:

- | | | |
|---|---|--------------------------------|
| 1. Less than 20/40 corrected vision in the better eye | 4. All gross deformities subject to listing | 8. Psychological problems |
| 2. Alcoholic or drug addiction | 5. Loss of extremity or eye | 9. Epilepsy |
| 3. Blood pressure: Diastolic over 90, systolic over 160 | 6. Diabetes | 10. History of Heart Attack |
| | 7. Loss of color vision | 11. History of Cardiac Disease |
| | | 12. Loss of consciousness |

EKG's need to be completed and attached for the following conditions:

- | | | |
|-------------------------------|---|--|
| 1. Abnormal EKG | 4. Hypertension/Blood Pressure | 5. Diabetes |
| 2. Smoker | a) reading > 140 systolic or 90 diastolic | a) Insulin – required annual |
| 3. History of Cardiac Disease | b) treated by physician – every 5 years | b) Non-insulin – required per medical exam group |

Abnormalities require an attached Ophthalmological, Neurological or Cardiology consult

Blood Pressure: _____	Pulse: _____	Respiration: _____	Height: _____	Weight: _____
------------------------------	---------------------	---------------------------	----------------------	----------------------

VISION Abnormalities refer to above. Vision (use numbers) Right: _____ Left: _____ Both: _____ Color Vision "You can see." (Red: _____ Yes _____ No) (Green: _____ Yes _____ No) (Yellow: _____ Yes _____ No) Peripheral Vision (use numbers) degrees from midline: _____ Right: _____ Left: _____ Test: _____
--

NEUROLOGICAL Abnormalities refer to above. Reflexes: _____ Normal _____ Abnormal Other tests performed: _____ _____

CARDIAC Abnormalities refer to above. Cardiac Exam: _____ Normal _____ Abnormal

METABOLIC Please attach a HgbA1C for Diabetic Diabetic: _____ Yes _____ No Insulin: _____ Yes _____ No HgbA1C (less than 10) _____ Evidence of end organ damage: _____ Yes _____ No
--

Comments or concerns that the BMW CCA Club Racing Medical Committee should be aware of: _____

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

<p>On the basis of this limited examination, review of the patient's history, and the instructions addressed to me, I (check one):</p> <p>_____ Recommend that this examinee be considered for medical approval to participate in high speed automotive competition events.</p> <p>_____ Recommend that this examinee's medical information be reviewed by the BMW CCA Club Racing Medical Committee.</p> <p>Physician's Printed name and title _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone Number _____</p> <p>Physician's Signature _____ Date _____</p> <p>Supervising MD or DO Physician Co-Signature required for all PA/NP Evaluations!</p>

APPLICANT MEDICAL RECOMMENDATION FORM v.1

Please give this form (only) to the applicant to forward to the License Administrator.
Retain all other forms in the patient's medical file at your office.



BMW CCA Club Racing
2350 Highway 101 S
Greer, SC 29651
(864) 250-0022

Attention: BMW CCA Club Racing License Administrator

On the basis of this limited examination, my review of the patient's history and the instructions addressed to me (check one):

- I recommend that this examinee be considered for medical approval to participate in high speed automotive competition events.
- I recommend that this examinee's medical information be reviewed by the BMW CCA Club Racing Medical Committee.

Current Age of Racer	
Physician's Name (Printed)	
Physician's Title	
Street Address	
City	
State	
Zip	
Phone Number	
Email	
Physician's Signature*	
Signature Date	
PA/NP Signature*	
PA/NP Signature Date	

**Supervising MD or DO Physician Co-Signature required for all PA/NP Evaluations*