

General objective examination

Name:

Height: Weight:

Respiratory system:

Cardiovascular system:

Heart at rest: after stress:

Pulse rate in minutes at rest: after stress:

Vital Capacity:

Reports related to other examinations:

Radiography of the thorax: Electrocardiogram:

Sight-testing a) Faculty of Vision: R L

with Correction: R L

b) Vision of colours:

c) Stereoscopic sense:

Hearing testing:

Blood Group: Rh:

Urine: Albumin: Sugar:

Sediment:

Others:

Congenital or acquired deformities:

DOCTORS DETAILS:

Name in capitals:

Degree:

Address: Telephone:

Aptitude assessment:



Medical Certificate

I, Doctor **Specialist in:**

Hereby declare that Mr

Born in **on**

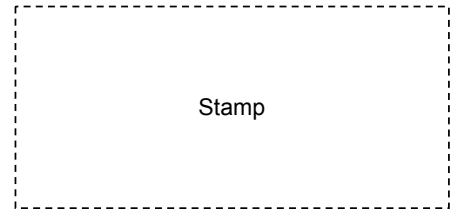
Nationality **Passport number:**

Has carried out the medical examination

The results of the tests are normal and I therefore declare the driver eligible for racing.

This certificate is valid for one year from today's date

Date:



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Doctors Signature

Medical evaluation sheet

Established at:

Name: **Age:**

Born in (City): **Country:**

Address:

Status: **Profession:**

Date of first involvement in the sport:

Other sports practised:

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PRESENT STATE OF HEALTH AND FORMER DISEASES

Diseases:

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(with special mention of Cardiopathy, Coronary troubles, Diabetes, Epilepsy, & High Blood Pressure)

Previous operations:

Dates of operations:

Accidents:

Nutrition:

Tobacco:

Digestion:

Alcohol:

Abdomen

Medicines taken:

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Signature of applicant