

109.09 - MEDICAL EVALUATION SHEET

Location of test _____ Date _____

Name _____ Surname _____

Born in _____ Date _____

Address _____

Status _____ Profession _____

Date of first involvement in the sport _____

Other sports practised _____

PRESENT STATE OF HEALTH AND FORMER DISEASES

Disease (former or current) _____

With special mention of _____

Cardiopathy Coronary Diabetes Type 1 / 2 (circle the type)

Epilepsy High blood pressure

Operations undergone previously _____

Dates of these operations _____

Accidents (when, where, under which circumstances) _____

Alcohol g/day _____ Tobacco pack/year _____

Allergies _____

Medicines usually/frequently taken _____

Please keep in mind the Anti Doping rules and the WADA – UIM list of banned substances and Therapeutic Use Exemption rules.

109.10 - GENERAL OBJECTIVE EXAMINATION

Height m _____ Weight kg _____

(Exemption of BMI rule over 30 kg/m² : Please refer to the superlicence procedure posted on the UIM website)

Age _____ Sex _____

Congenital or acquired deformities _____

Respiratory system _____

Spirometry (mandatory) Please attach printed results and graphs _____

FVC (measured/predicted) _____

FEV₁ (measured/predicted) _____

Cardiovascular system : is there any evidence of abnormality of the heart or cardiovascular system ? Yes No
If "Yes", give details below.

Blood pressure at rest _____

Heart frequency at rest _____

Electrocardiogram at rest _____

Please attach printed results and graphs and final report in English language

If "Yes", give details below.

Is there any evidence of a physical or mental condition (past or present) which could, in your opinion, prevent the applicant from holding a competition licence for motorsport ?

Yes No

If "Yes", give details below.

To the Doctor and the Driver :

Are you the applicant's usual doctor? Yes No

Your practice stamp (together with your name and qualifications):

Name in capital letters _____

Degree _____

Address _____

Tel _____

Fax _____

Aptitude assessment _____

Date _____

This is to certify that I have examined the applicant in line with this form.

Signature of the Doctor _____

Signature of the Driver _____

