

MEDICAL EXAMINATION FORM FOR COMPETITION LICENSE

IMPORTANT NOTES:

1. The examination should be performed by a doctor familiar with the applicant medical history or the by the applicant regular doctor.
2. In the event of serious injuring or illness occur following the issue of medical certificate, a further examination & medical certificate (Re certification) are needed.
3. The examining doctor must be aware that the person to be examined is applying for a licence to participate in motorsport event.

Full Name:

Address:

Nationality: NRIC / Passport No:

Date of Birth: Age: Sex:

Contactable Phone / Mobile No:

TO BE COMPLETED BY EXAMINING DOCTOR

(For any abnormal findings please do give in written, the findings in the column provided below each systemic examination)

1. Are you the regular medical attendant of the Applicant? YES / NO
2. Medical History (any known medical illness or conditions) YES / NO
If yes, Please provide further information below. (e.g what medical condition/s, current status, what medications he/she is on for the medical condition/s)
3. Surgical History YES / NO
If yes, Please provide further informations regarding it below:
4. Is there any evidence of mental condition, past or present? YES / NO
If yes, Please provide further informations regarding it below:
5. Height: _____ Weight: _____
6. Blood Group (COMPULSORY TO FILL IN)

7. Cardiovascular System :

Blood Pressure: mm/Hg Pulse rate: Rhythm:
Auscultation: Murmurs: YES / NO
ECG:
Stress ECG:

➔ ECG is required for applicants 40yrs and above with validity for 2 years / every 2 years till the age of 45yrs or as and when required by the medical examiner.

➔ Stress ECG is required for applicant 45yrs and above with validity for 2 years / every 2 years or as and when required by the medical examiner or there are known significant risk factors or history of cardiac disease.

Remarks / Any abnormal findings:

8. Respiratory System:

Remarks / Any abnormal findings:

9. Gastro-Intestinal System (Including abdomen, hernia, liver and spleen):

Remarks / Any abnormal findings:

10. Genito-urinary System

Urine – Albumin/Protein: Glucose:
Blood:
Urine – Drug Test (Required for International Licence Application):

Remarks / Any abnormal findings:

11. Spine and musculoskeletal (Upper limbs, Lower limbs etc.):

Remarks / Any abnormal findings:

12. Neurological (Including Reflexes):

Remarks / Any abnormal findings:

13. Visual Examination:

Glasses: YES / NO

Contact Lenses: YES / NO

Visual Acuity

Distance Vision	Uncorrected	Corrected
Right Eye		
Left Eye		

Near Vision	Uncorrected	Corrected
Right Eye		
Left Eye		

Colour Vision:

(As tested with Ishihara's chart)

Field of Vision:

(With both eyes open together)

Laterally: degrees

Vertically: degrees

Remarks / Any abnormal findings:

14. Hearing: Left Normal / Abnormal
 Right Normal / Abnormal

15. Any Additional information / Observations / Recommendations:

MEDICAL FORM 2024

THIS IS TO CERTIFY that the above named applicant has today been examined by me and found to be:

FIT TO RACE	
UNFIT TO RACE	

(Please tick)

Name of the Clinic	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	
Tel	<input type="text"/>	<input type="text"/>
Doctor's Name	<input type="text"/>	
Doctor's Signature	<input type="text"/>	
Date	<input type="text"/>	

Official STAMP

Any fee charged for completion of this examination or associated with it is the responsibility of the applicant
The applicant is requested to forward the completed form immediately to:
Motorsports Association of Malaysia,
1st Floor, Paddock Office, Sepang International Circuit,
Jalan Pekeliling, 64000 KLIA,
Selangor Darul Ehsan