

MEDICAL EXAMINATION FORM FOR COMPETITION LICENSE

IMPORTANT NOTES:

1. The examination should be performed by a doctor familiar with the applicant's medical history or the by the applicant's regular doctor.
2. In the event of serious injury or illness following the issue of this medical certificate, a further examination and medical certificate (re-certification) are required.
3. The examining doctor must be aware that the person to be examined is applying for a license to participate in motorsport events.

Full Name:

Address:

Nationality: NRIC / Passport No:

Date of Birth: Age: Sex:

Tel No:

Emergency Contact Name: Emergency Tel 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. **Medical History (any known medical illness or conditions)**
If yes, provide further information (e.g., condition(s), current status, medications, dates of diagnoses, treatments, outcomes): YES / NO
2. **Surgical History**
Have you undergone any surgeries?
If yes, provide further information (including dates, types of surgeries, complications): YES / NO
3. **Mental Health**
Any evidence of a mental health condition, past or present?
If yes, provide further information: YES / NO
4. **Medications and Allergies**
List all current medications (including prescription and over-the-counter drugs) with dosages and frequencies:
Do you have any allergies to medications, food, or environmental factors?
If yes, list: YES / NO

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5. General

Blood Pressure: _____

Pulse Rate: _____

Rhythm: _____

Height: _____

Weight: _____

Blood Group (COMPULSORY TO FILL IN)

6. Cardiovascular System

Auscultation: _____

Murmurs: YES NO

➔ **ECG:** Required for applicants 40 years and above; validity for 2 years.

➔ **FULL STRESS ECG:** Required for applicants 45 years and above; validity for 2 years or if significant risk factors/history of cardiac disease.

Remarks / Any abnormal findings:

7. Respiratory System

Respiratory Rate: _____

Lung Sounds: _____

Pulmonary Function Tests (if indicated): _____

Remarks / Any abnormal findings:

8. Gastrointestinal System

Examination of Abdomen: _____

Hernia Check: _____

Liver and Spleen: _____

Remarks / Any abnormal findings:

9. Genitourinary System

Urine – Albumin/Protein:

Glucose:

Blood:

Urine – Drug Test (**Required for International Licence Application**): _____

Remarks / Any abnormal findings:

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10. Spine and musculoskeletal:

Upper Limbs: (Range of motion, strength, any signs of injury or impairment)

Lower Limbs: (Range of motion, strength, any signs of injury or impairment)

Spine: (Range of motion, any signs of injury or impairment)

Remarks / Any abnormal findings:

11. Neurological System (Including Reflexes):

Mental Status: _____

Cranial Nerves: _____

Motor Function: _____

Sensory Function: _____

Reflexes: _____

Coordination and Balance: _____

Remarks / Any abnormal findings:

12. 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:

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

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14. Any Additional information / Observations / Recommendations:

Certification

I hereby certify that the above-named applicant has been examined by me today and found to be:

FIT TO RACE	
UNFIT TO RACE	
REFER TO MEDICAL CHAIRMAN/MEDICAL COMMISSION FOR FURTHER EVALUATION	

(Please tick)

DOCTOR INFORMATION

Are you the regular medical attendant of the applicant?

YES

NO

Name of Clinic

Address

Tel

Doctor's Name

Doctor's Signature

Date

Official STAMP

Any fee charged for the 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:

**2nd Floor Nizra Building, 8 Jalan Seri Penchala,
Kampung Sungai Penchala, 60000 Kuala Lumpur.
Motorsports Association of Malaysia**