

# Physical Examination Package

127 Area 27 Drive  
Oliver, BC V0H 1T8  
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ORRA27.ca



## Read Prior to Completion:

This package must be completed by both the applicant and a licensed physician to verify that the applicant is both physically and psychologically fit to obtain a performance driving race license.

## Medical Submission Requirements:

- For individuals aged 66 and up: Complete Physical Examination package required annually.
- For individuals aged 51-65: Complete Physical Examination package required every 2 years.
- For individuals aged 50 and below: Complete Physical Examination package required every 5 years.
- **Self-declaration required annually (pages 3-5).**

## Eyesight Standards Required:

- 1. Visual Acuity:** Uncorrected or corrected vision – The visual acuity in each eye must be at least 6/15 (metric). However, an individual with reduced vision in one eye, where correction is not possible, may be eligible for a racing license under the following conditions, after evaluation by a qualified ophthalmic specialist:
  - The field of vision in the affected eye must be at least 120°.
  - Functional stereoscopic (3D) vision must be present.
  - The condition of the retina (fundus) must exclude any pigmentary retinal damage.
  - Any old or congenital damage must be strictly unilateral.
  - Complete blindness in one eye is disqualifying.
- 2. Binocular Vision:** Normal binocular (two-eyed) vision is required.
- 3. Color Vision:** Normal color vision is mandatory. The individual must not have any color perception deficiencies that would impair their ability to recognize flags used in international motorsport competitions.
- 4. Contact Lenses:** The use of contact lenses is permitted under the following conditions:
  - The lenses must have been worn for more than 12 months and on a daily basis.
  - The lenses must be certified as suitable for motorsport use by the ophthalmic specialist who prescribed them (hard contact lenses are not recommended).



## List of Health Conditions and Disabilities Impacting Eligibility for Motorsport

The following conditions may disqualify an applicant from obtaining a racing license, or require a medical assessment prior to participation in motorsport:

### 1. Neurological and Cardiovascular Disorders

- Epilepsy (treated or untreated, with clinical manifestations in the past 10 years)
- Cardiovascular conditions with risk of sudden death, including:
  - Severe heart disease (ie coronary artery disease, heart failure)
  - Recent heart attack or stroke (within 6–12 months)
  - Uncontrolled hypertension or arrhythmias
  - Syncope (fainting) or unexplained loss of consciousness
  - Pacemaker or implantable defibrillator (unless cleared by a physician)
- Neurological conditions including:
  - Parkinson's disease, multiple sclerosis, and other neurodegenerative disorders
  - Recent stroke or transient ischemic attack (TIA)
  - Major sensorimotor dysfunction (ie monoplegia, hemiplegia, paraplegia)
  - Severe migraines or chronic, disabling headaches
  - Dizziness, vertigo, or balance issues affecting reaction time or stability

### 2. Musculoskeletal Conditions

- Blindness in one eye (monocular blindness)
- Joint limitations, amputations, or prosthetics
- Spinal injuries or severe spinal disorders affecting mobility or sensation
- Severe deformities or musculoskeletal impairments that limit the ability to react, move freely, or handle the vehicle safely

### 3. Endocrine and Metabolic Disorders

- Diabetes requiring insulin or sulfonylureas (subject to medical supervision and certification)
- Uncontrolled thyroid disorders or adrenal insufficiency
- Severe hypoglycemia risk or other metabolic conditions that may impair performance

### 4. Psychiatric and Psychological Conditions

- Psychological conditions such as severe anxiety, ADHD, or depression that impair focus, decision-making, or reaction time
- Substance abuse or alcoholism (current or untreated)

### 5. Respiratory Conditions

- Severe asthma or chronic obstructive pulmonary disease (COPD)
- Severe sleep apnea or other sleep disorders affecting alertness
- Significant lung impairment

### 6. Allergies and Other Health Conditions

- Severe or anaphylactic allergies to substances commonly encountered (ie fuels, chemicals)
- Severe infections or diseases affecting stamina, strength, or focus (ie active tuberculosis)
- Severe or uncontrolled pain that impairs reaction time or focus

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## 7. Pregnancy

- Pregnancy, particularly in later stages, due to safety risks and physical strain associated with motorsport

## 8. Other Conditions

- Mental or cognitive impairments (ie dementia, brain injury) affecting awareness, reaction times, or ability to process complex information
- Any health problem that could result in harmful consequences during motorsport participation, especially in the event of an accident

This list is not exhaustive. Applicants with any of the above conditions may be required to undergo further evaluation by a medical professional to assess their fitness to participate in motorsport activities.

## Part 1: Applicant Information

<b>Name:</b>		<b>Submission Year:</b>	
<b>Date of Birth:</b> (M/D/Y)		<b>Age:</b>	
<b>Address:</b>		<b>Gender:</b>	M <input type="checkbox"/> F <input type="checkbox"/> Non-Binary <input type="checkbox"/>
<b>City:</b>		<b>Height:</b>	
<b>Province / State:</b>		<b>Weight:</b>	
<b>Postal Code:</b>		<b>Wears Glasses:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Country:</b>			

## Part 2: Applicant's Medical Self-Declaration

Have you ever been treated for, diagnosed with, or currently have any of the following conditions?  
 If yes, please provide further details below this table.

List of Medications	Frequency	Dosage

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**Applicant Name:** \_\_\_\_\_

Conditions		Yes	No
Frequent or severe headaches			
Unconsciousness for any reason			
Dizziness or fainting spells			
Epilepsy or Seizures			
Cardiovascular Disorder			
Coronary Artery Disease or Angina			
Valve disease			
Abnormal Cardiac Rhythms			
High Blood Pressure			
Psychiatric/Mental Health Problems			
Operation(s) involving Eyes, Brain, Heart, Nerves, Blood Vessels, or Bones			
Allergies			
Eye Condition			
Asthma			
Diabetes			
Anemia, or other blood diseases including abnormal bleeding			
Admission to a hospital in the past 12 months			
Any history of drug or alcohol abuse			
Been diagnosed with obstructive sleep apnoea or narcolepsy			
Amputations and/or Physical disability			
Previously denied by a sanctioning body due to medical reasons			
Tetanus Shot	Date of Shot:		
Condition Notes			

Self-declaration continued on Page 5.

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## Part 3: Applicant Declaration

- I confirm that the information I have provided regarding my current state of health to the examining physician is accurate and complete.
- I agree not to use any substances or methods listed on the World Anti-Doping Agency (WADA) Prohibited List, which can be found here: <https://www.wada-ama.org/en/content/what-is-prohibited>.
- I agree to promptly notify Okanagan Road Racing Association 27 (ORRA 27) of any significant changes in my health condition.
- I consent to be re-examined in the following situations:
  - A. Upon the expiration of my current medical certificate, in accordance with competition rules.
  - B. Following any significant illness, injury, or hospitalization.
- I authorize any hospital, medical institution, or healthcare provider to release my medical records to the Okanagan Road Racing Association 27 (ORRA 27) as needed.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## Part 4: Examining Physician Information

Please review the applicant thoroughly and objectively, providing your recommendation only if you are entirely confident in their qualifications and fitness.

<b>Physician Name:</b>		<b>Date of Exam:</b>	
<b>Clinic:</b>		<b>Physician's Stamp:</b>	
<b>Address:</b>			
<b>Phone:</b>			

## Part 5: Examining Physician Report

Please review self-declaration prior to completing examination and report. If yes is noted, please provide details in Part 6 below.

**Applicant Name:** \_\_\_\_\_

<b>1</b>	<b>Is there any evidence of abnormality of the heart of cardiovascular system?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
	<b>Note:</b> From the age of 45 years, or earlier if necessary, and every 3 years, a consultation with a cardiologist specialist will be requested. If deemed useful, further investigations including a Stress ECG can be requested.	<b>ECG Date:</b>	
<b>2</b>	<b>Is there any evidence of a physical or mental condition, either past or present, that in your professional opinion would render the applicant unfit to hold a motorsport competition license?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>3</b>	<b>Does the applicant have any physical abnormality and/or restriction of movement of upper and/or lower limbs?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>4</b>	<b>Has the applicant ever had any disease or disorder of the eye other than needing glasses or contact lenses?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
	<b>Are corrective lenses (contact lenses or glasses) required for driving?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
	<b>I have performed a vision test</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>5</b>	<b>Blood Pressure</b>	<b>Diastolic:</b>	<b>Systolic:</b>
<b>6</b>	<b>Date of last Tetanus Shot</b>	<b>M/D/Y:</b>	

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## Part 6: Condition Details

Condition Notes

## Part 7: Recommendation of Examining Physician

The applicant should have no known medical history or clinical diagnosis that could reasonably be expected, within two years of this evaluation, to impair their ability to perform the duties or exercise the privileges associated with a competition license issued by the Okanagan Road Racing Association 27 (ORRA 27).

Based on the findings in the report and the information provided to me:

- The applicant **is** physically and psychologically fit to drive a racing vehicle in competitive events at high speeds.
- The applicant **is not** physically and psychologically fit to drive a racing vehicle in competitive events at high speeds.

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_