

# Physician Completed Medical Package

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## Part 1: 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 2: 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>	

