



**NASA
Competition
License
Physical
Examination
Instructions**

Memorandum to Examining Physician:

You are being asked to examine this applicant for the purpose of obtaining an automobile racing license. This form concentrates on the organ system and disease processes that may jeopardize the applicant or others while attending a competitive racing event. If you deem that the applicant may be in questionable condition, the matter may be turned over to the NASA Medical Director for review.

Page One (this page) - instructions for completing the Physical Examination form, and should be read carefully by both the examining physician and the applicant.

Page Two of the Physical Examination form is to be completed by the applicant.

Page Three of the Physical Examination form is to be completed by a Physician.

A. The functional suggested requirements of a driver in a competition automobile are:

1. Ability to rapidly operate acceleration, braking, and steering mechanisms / systems.
2. Vision: distant vision correctable to 20/40 each eye, ability to distinguish basic colors, and peripheral vision to 70 degrees in the horizontal median for each eye.
3. Must have minimal chance of sudden incapacitation from any disease process.
4. Ability for rapid mental activity, problem solving, and decision-making.

B. The environment this applicant may operate in is:

1. Temperature extremes from 0 degrees (F) to 120 degrees (F) for long periods of time.
2. Smoke, fumes, vapor, caustic chemicals, and dust.
3. Loud noise and vibration.
4. Increased potential for exposure to fire.

Special Cases:

In a case where consults are needed, the consultant should be made aware of the information in **Section A** and **Section B** of this memorandum.

Requirement of All Applicants *

All applicants must submit a completed NASA Physical Examination Form. Similar forms from other recognized organization and agencies may be acceptable, however the applicant will be held accountable to the rules, laws, and other parameters, as set forth by the issuing organization or agency.

Renewals:

Applicants less than 40 years old must submit a new physical every five years or as required by their physician. Applicants that are at least than 40 years old must renew their Medical Examination every three years. Applicants that are at least than 50 years old must renew their Medical Examination every two years. Applicants that are at least than 60 years old must renew their Medical Examination every 12 months.

Note to the examining physician: Please note the “**Renewals**” section of this document (above).

Consideration should be given to the length of time between examinations, unless otherwise specified with highlighted notation in the comment section found on Page Three of this document.

***Exceptions:**

Medical Waivers may be granted in certain circumstances with the approval of the proper authorities, as listed on the Application for a Medical Wavier form. Drivers that have been granted a Medical Waiver may be subject to special requirements as the NASA Medical Director sees fit. Temporary Medical Waivers may be granted to the participants of other recognized organizations that are participating in a specific event as a “guest group,” or events that are co-hosted or co-sanctioned at the discretion of the NASA Regional Director.

APPLICANT'S MEDICAL HISTORY

(To be completed by applicant)

Applicant: For the purpose of obtaining a NASA Competition License, complete this page legibly and in its entirety. Failure to complete required information will delay the processing of your license. Examining Physician must complete the reverse side of this form.

Name: _____ Age: _____ Date of Birth: _____

Address: _____ City, St. Zip: _____

Phone: (H) () _____ (W) () _____ Region of Record: _____

Occupation: _____ Sex: _____ Martial Status: _____ Years as licensed racer: _____

Your Personal Physician: _____ Phone: () _____

Address: _____ City, St. Zip: _____

Examining Physician : _____ Phone: () _____

Address: _____ City, St. Zip: _____

A. Have you been treated for, have you ever had, or have you now, any of the following:
(Yes responses should be explained on a separate sheet and attached when submitted)

Conditions	Yes	No
Frequent or severe headaches		
Unconsciousness for any reason		
Dizziness or fainting spells		
Epilepsy or Seizures		
Heart Trouble:		
Coronary Artery Disease or Angina		
Valve disease		
Left Bundle Brach Block		
Abnormal Cardiac Rhythms		
High Blood Pressure		
Any drug, narcotic or alcohol problems		
Psychiatric/Mental Health Problems		
Operation(s) involving Eyes, Brain, Heart, Nerves, Blood Vessels, or Bones		
Previous waiver(s) from NASA for a medical condition:		
List:		

Conditions	Yes	No
Hay fever		
Eye trouble (except glasses)		
Asthma		
Diabetes		
Anemia, or other blood diseases including abnormal bleeding		
Admission to a hospital in the past 12 months		
Allergy(s) to medications		
List:		
Amputations /Physical disability		
Previous denial(s) from NASA due to a medical reason(s)		
List:		
Illness(s) not mentioned above		
List:		

Date of last Tetanus: _____

Blood Type (if known): _____

Comments: _____

Medications Used (including eye drops): _____

This is to certify that these statements are true and accurate. I also give permission to any hospital, institution, or physician, to furnish any information to the NASA Medical Director.

Applicant's Signature: _____ **Date:** _____

PHYSICIAN'S EXAMINATION To be completed by a Medical Doctor

Applicant's Name: _____ Age: _____ Sex: _____ Height: _____

Weight: _____ Hair Color: _____ Eye Color: _____

Blood Pressure: _____ Pulse: _____ Respirations: _____

NOTE: Candidates having the following afflictions must be referred to the NASA Medical Director for review:

- 1. Less than 20/40 corrected vision in the better eye
- 2. Alcoholic or drug addiction
- 3. Blood pressure: Diastolic over 90, systolic over 160
- 4. All gross deformities subject to listing
- 5. Loss of extremity or eye
- 6. Diabetes
- 7. Loss of color vision
- 8. Psychological problems
- 9. Epilepsy
- 10. History of Heart Attack

VISION *Abnormalities require an attached ophthalmological consult*

Vision OD: _____ OS: _____ OU: _____

Color Vision: _____ Test: _____

Peripheral Vision (degrees from midline): _____ OD: _____ OS: _____ Test: _____

NEUROLOGICAL *Abnormalities require an attached neurological consult*

Reflexes: _____ Normal _____ Abnormal Cerebellar: _____ Normal _____ Abnormal

Other tests performed: _____

CARDIAC *Abnormalities require an attached cardiologic consult*

At the age of 40, a baseline EKG should be performed. Further EKG's need to be completed only if the candidate is a smoker, has a cardiac history, a strong family history of cardiac disease, history of diabetes, or has hypertension (systolic > 140, diastolic > 90). Cardiac Exam: _____ Normal _____ Abnormal

Please attach a copy of the EKG results.

METABOLIC *Please attach an HgbA1C and Endocrinologic consult for any history of Diabetes.*

History of Diabetes: _____ Yes _____ No HgbA1C (less than 10) _____

Comments or concerns that the NASA Medical Director should be aware of: _____

Comments regarding current medications the applicant is taking (any side effects): _____

Examining Physician's Comments regarding applicants medical history: _____

On the basis of this limited examination, review of the patient's history, and the instructions addressed to me, I (check one): _____ *Find the candidate medically acceptable to operate a high speed competition automobile.*

_____ *Recommend the candidate's medical history be reviewed by the NASA Medical Director.*

Signed: _____ **Date:** _____

Printed Name: _____ **Phone:** () _____

Address: _____ **City, St. Zip** _____