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Photocopy this form once filled by the Medical Examiner and present it to MMF together with original application

For Official Use	Date Submitted: <input type="text"/>
	MMF Licence No <input type="text"/>

### MEDICAL EXAMINATION FORM FOR MMF COMPETITION LICENCE

Medical Examination must be carried out less than two (2) months before the application for a driver's competition licence is submitted to the Federation.

**Note : Applicant must present the completed Competition Licence Application Form and hand over to the Examining Doctor**

Name of Applicant  ID Card No

Address

### TO BE COMPLETED BY EXAMINING DOCTOR

Please note questions on Page 2 of the Competition Licence Application form and record any abnormality below in 'Observations/Recommendations'

- Are you the regular medical attendant of the Applicant?  Yes  No
- Is there any evidence of a physical or mental condition, past or present, which could, in your opinion, debar the applicant from competing in motor sport?  Yes  No

Past Medical History

3. Date of last Tetanus Injections (If not known, state so or state "date provided by applicant") :

4. Height :  Weight :

5. **Cardiovascular System :**  
 Blood Pressure : ..... mm/Hg      Pulse rate : .....      Rhythm : .....  
 Ascultation : .....      Murmurs : YES / NO Type : .....  
 Stress ECG : .....  
**(Stress ECG is required for applicants 45 years and over annually/or as and when required by the Medical Examiner)**

6. **Respiratory System :**  
 Ascultation : Lung Fields :

7. **Gastro-Intestinal System**  
 Palpation :       Ascultation :

8. **Genito-urinary System :**  
 a) Any abnormality :   
 b) Urine – Albumin :       Sugar :

9. **Central Nervous System**  
Vision Snellen's Chart  
 a. Vision :      R eye ...../.....      L eye ...../.....      With correction of applicable :      R eye ...../.....      L eye ...../.....  
 Field of Vision :      R eye ...../.....      L eye ...../.....      Pupil reaction to L & A :      R eye ...../.....      L eye ...../.....  
 Color vision :      Normal/Abnormal .....      Hearing :      Normal/Abnormal .....

(Ischiara's Chart)

b. Locomotor System :

Upper Limb: Abnormality : Yes / No      Power : .....      Reflex: .....

Lower Limb: Abnormality : Yes / No      Power : .....      Reflex : .....

Observations/Recommendations : 


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

<b>FIT</b>	<input type="checkbox"/>	physically and psychologically to drive a racing vehicle in competitive events at high speeds.
<b>UNFIT</b>	<input type="checkbox"/>	physically and psychologically to drive a racing vehicle in competitive events at high speeds.

Please tick (✓)

Blood Group

Rhesus Factor

*Applicant must show certificate of evidence to Doctor*

Doctor's name

Doctor's signature

Doctor's Mobile No.

Date of Examination

Doctor's 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 together with the Competition Licence Application form immediately to :**

**MALTA MOTORSPORT FEDERATION,  
P.O. Box 30,  
Valletta VLT 1000  
MALTA  
or  
by email: [licence@maltamotorsport.org](mailto:licence@maltamotorsport.org)**

**For any enquiries please phone: (+356) 9949 4294 during office hours.**