

FOR JMMC / ASN Jamaica FIA COMPETITION LICENCE

Dear Doctor,

This is page 1 of 2 pages. You are being asked to examine this candidate for a racing licence for the Jamaica Millennium Motoring Club. If you find the candidate physically and psychologically fit, and they pass their other tests, the candidate will then be granted a licence that will enable them to drive a competition vehicle at extremely high speeds under the most exacting conditions. Please, therefore, examine the candidate carefully and critically, and recommend them only if you are completely satisfied in all respects. An appeal procedure exists whereby the candidate may take the matter up with physicians experienced in racing should you disapprove the applicant. You will thus be doing not only the applicant, but also our sport, a service by conducting this examination as carefully as possible.

The following is an excerpt from outlining the minimum standards required in a medical examination.

Eyesight standards required:

- a) Visual acuity (before or after correction, sight for each eye should be at least 9/10 (metric)).
Blindness in one eye is absolutely excluded
- b) Normal binocular vision
- c) Normal colour vision (recourse to the Ishihara tables in doubtful cases and to the Beyne Lantern, or a similar system in cases of error); in any case, no errors in the perception of the colours of the flags used in international competitions
- d) Normal field of vision
- e) Normal stereoscopic vision (licence should not be issued to applicants who are blind in one eye).
- f) The wearing of contact lenses is permitted provided that:
 - These shall have been worn for a period longer than 12 months and for a significant period every day
 - They are certified as satisfactory for motor racing by the ophthalmic specialist who supplied them (hard contacts are not recommended).

Additional functional requirements of competition driving are:

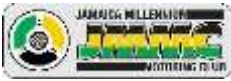
1. Ability to rapidly operate acceleration, braking and steering mechanisms/systems (mechanical assistance allowed).
2. Minimal chance of sudden incapacitation from any disease process.
3. Ability for rapid mental activity and problem solving.

The environment this applicant may operate in is:

1. Temperature extremes from 0 to 45+ degrees C. internal to the vehicle.
2. Smoke, fumes, vapor, and dust.
3. Noise, and vibration.
4. Potential for the presence of fire.

List of illnesses and disabilities incompatible with the practice of motor sport:

- a) Incompatible illnesses and disabilities
 - Epilepsy with behavioural effects, or under treatment
 - Amputations, except in the case of fingers where the gripping function in both hands is unimpaired
 - Orthopedic appliances, if the functional result is not equal or near to normal
 - Free movement of the limbs impeded by more than 50%
- b) Illnesses or disabilities requiring a medical assessment by the ASN:
 - Insulin-dependent diabetes, on condition that a document is provided to JMMC / ASN Jamaica FIA signed by a medical doctor specializing in diabetes or internal medicine proving the regular supervision of the party concerned and of their treatments.
 - Myocardial infarction and myocardial ischaemia, valvular disease or other abnormal cardio-vascular conditions
 - Functional limitation of the articulations of the hand superior to 50% and affecting two or more fingers of the same hand
 - Orthopedic appliance allowing the party concerned to recover normal or near normal functional activity
 - Psychiatric conditions



PHYSICAL EXAMINATION FORM

FOR JMMC / ASN Jamaica FIA COMPETITION LICENCE

Note to examining Physician – This is Page 2 of this form – Please review Page 1 before the examination.

Applicant's Personal Information

Name: _____ Age: _____
Address: _____ Date of Birth: _____
Address 2: _____ Parish: _____
Occupation: _____ Gender: M [] F []
Height: _____ Weight: _____ Blood type: _____
Allergies: _____

Re-Examination:

It shall be the responsibility of the applicant to be re-examined as follows:

- 1. Upon the expiration of their current medical examination form as required by the current competition rules
2. Following any significant illness, injury or hospitalization

Examining Physician's Report

Physician's Relationship with Patient: Family MD for _____ years. Locum [] Walk in [] First Visit []

1. Name, address, and telephone number of examining Doctor, affix your stamp in the box.

Name: _____
Address: _____
Phone: _____



2. Is there any evidence of abnormality of the heart or cardiovascular system? (If yes supply details)

Yes [] No []

NOTE: It is recommended that applicants 45 years of age or over pass a stress related ECG initially and every 2 years thereafter. Please supply a written report (not a trace).

ECG Date: _____

3. Is there any evidence of a physical or mental condition, past or present which could, in your opinion, debar the applicant from holding a motor sport competition licence? (If yes supply details)

Yes [] No []

4. Does the applicant have any physical abnormality or restriction of movement of upper and or lower limbs? (If yes supply details)

Yes [] No []

5. Vision - Uncorrected
- Corrected
- Field of vision
- Is colour vision normal? (If no supply details)

R eye 20/____ L eye 20/____
R eye 20/____ L eye 20/____

Yes [] No []

6. Blood Pressure (If outside normal provide details)

Diastolic - ____ Systolic - ____

7. Tetanus Booster

Date: _____

Comments on History and Findings (continue on another page if necessary)

The applicant should have no established medical history or clinical diagnosis that may reasonably be expected, within 2 years after this finding, to make them unable to perform the duties or exercise the privileges of a JMMC competition license.

On the basis of the above report, and mindful of the information provided to me, I make the following

[] recommendation: That the applicant is physically and psychologically fit to drive a racing vehicle in competitive events at high speeds.

[] That the applicant is NOT physically and psychologically fit to drive a racing vehicle in competitive events at high speeds.

Date: M: _____ D: _____ Y: _____ Signed: _____ M.D.