

Applicant's Medical History (To be completed by Applicant)

Applicant: For the purpose of obtaining a SCCA Competition License, complete this page legibly and in its entirety. Failure to complete the information will delay processing of your license. The examining physician must

complete the second page of this form.				0	40007	0
			Member# 2486978			
Name: The Stig		Age: 18 Date of Birth: 01/01/2001				
Address: 463 Southpoint Circle			City, St, Zip: Brownsburg, IN 4			
Email Address: thestig@sccapro.com	n					
	-		Occupation: Trade dar differ a d	taaoi	-	
Phone: (H) 317-555-6851		(W)	(C)			
Personal Physician: Dr. John Smith			Phone: 317-555-5684	1		
Address: 463 Southpoint Circle			City, St, Zip: Brownsburg, IN	4611	2	
			OR HAVE NOW, ANY OF THE FOLLOWING			
Do You Have or Have You Ever Had?	Yes	No.	Do You Have or Have You Ever Had?	Yes	No	
Frequent or severe headaches		X	Any drug, narcotic, or alcohol problems		X	
Unconsciousness for any reason		X	Psychiatric/mental health problems		X	
Dizziness or fainting spells		X	Eye trouble (except glasses)		X	
Epilepsy or seizures		X	Asthma		X	
Coronary artery disease or angina		X	Diabetes requiring insulin		X	
Heart valve disease		X	Anemia or other blood diseases Including abnormal bleeding		X	
Left Bundle Branch Block (heart)		Х	Admission to a hospital in the past 12		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Abnormal cardiac rhythms		X	months for any reason	12.7	X	
High Blood pressure		X	Allergy(s) to medications List: Penicillin	Х		Don't for
Operation(s) on brain		X		^		your lis
Operation(s) on heart		X	Routine use of Pain Medication		X	
Operation(s) on eyes, nerves, blood		37	Amputations/physical disability		X	
Vessels, or bone		X	Illness(es) not listed above List:		X	
Previous waiver(s) from SCCA, NASA,			Do you require the use of supplemental			
or other sanctioning body for medical		X	oxygen or other external breathing device?		X	
condition(s) list:			Previous denial(s) from SCCA, NASA,			
A			or other sanctioning body due to		X	
Blood Thinner Medication (circle) YES No			Medical reasons			
Blood Thinner Medication (circle) YES No						
Comments and details of any condition noted a	bove (L	Jse the f	ourth page for any explanations that do not fit h	ere) Me	dication l	Jsed
(including eye drops) Allegra for allergies			,,	,		
1	7 —					
Market State		100	Date 11/26/19			
Members Signature		-	Date 11/20/10			
Remember to sign!) (
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Examination

To be completed by a MD, DO, PA-C or NP only. Any blanks will delay processing! Examination shall not be more than six (6) months old upon license application.

There are Four PAGES to this form. Please see "APPLICANT'S MEDICAL HISTORY" and "SCCA Competition License

		Date: 11/26/2019 Member #: 2486978						
	Age: 18 Sex: M Hair Color: White							
	Blood Pressure: 2088 Pulse: Height: Weight: 15 Height: 19"							
	NEUROLOGICAL Reflexes: Abnormal Other tests performed:	CARDIAC Cardiac Exam: Abnormal						
Niverbore	METABOLIC if yes then HgbA1C level recommended. History of diabetes:NoYes	HgbA1C (less than 10)						
Numbers must be given when asked, and the color vision test	VISION Vision (use numbers 20/20) OD (Right): 20 70 Color Vision: Test: 15/11/ Peripheral Vision (use numbers) degrees from midline:	OS (Left): <u>20 120</u> OU (Both): <u>20 120</u> OD: <u>90</u> OS: <u>90</u> Test: <u>MAN Warm</u> feet normal	ıl					
must be listed.	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. History of Syncope 6. Loss of outstributer puge	r in the decision to approve candidate labetes 12. Epilepsy 13. History of Heart Attack sychological problems Inplanted Defibrillator Initiations of endurance in any ties of daily living (i.e. climbing 2-3 of stairs without stopping) 12. Epilepsy 13. History of Cardiac Disease 14. History of Cardiac Disease 15. Use of Narcotics 16. Reduced pulmonary capacity (includes the need for supplemental oxygen.)						
	The environment frequently involves high temperatures with a limited ability to cool and requires long periods of aerobic exertion. If the applicant experiences any physical or medical limitations that would potentially affect their ability to tolerate the demands of racing, approval should not be given. Please contact SCCA with any questions at 1-800-770-2055							
	APPROVED Medical history and examination approved	FAILED						
Signature is required!	Applicant is fit for motor racing Additional review may apply for FIA applicants Physician's Signature Dr. John Smith Address 463 Southpoint Circle	Applicant is not fit for motor racing Physician's Signature Printed Name						
	City Brownsburg State IN Zip 46112 Phone Number 317-555-5684 Date 11/26/19	Address City State Zip Phone Number Date						

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