



Corinthian Vintage Auto Racing National Competition License Medical Form Doctor Information

Dear Doctor,

You are being asked to examine this individual who is applying for competition racing privileges with the Corinthian Vintage Auto Racing (CVAR). This form concentrates on the organ system and disease processes that may jeopardize the Applicant or others attending a competition race event.

Vintage Racing is competitive racing historically significant automobiles for the fun of driving these valuable cars at speed on a closed circuit. No prize money is offered and there are strict rules concerning overly aggressive driving. The average age of the drivers hovers around age 60+.

The functional requirements of the Applicant to drive in a competition automobile are:

1. Brain: the ability for rapid mental activity and problem solving.
2. Limbs: the ability to rapidly operate acceleration, braking and steering mechanisms and to rapidly exit the car without assistance.
3. Vision: distant vision correctable to 20/30 each eye, normal depth perception, peripheral vision to 70 degrees in the horizontal median for each eye **and the ability to distinguish basic colors.**
4. Minimal chance of sudden incapacitation from any disease process.
5. The environment in which the Applicant may operate a competition automobile is:
 - 1) Temperature extremes from below freezing to above 100 degrees F.
 - 2) Smoke, fumes, vapor and dust.
 - 3) Noise and vibration, deceleration and cornering forces.
 - 4) Potential for the presence of fire.

Applicants under 60 years of age are required to submit a current Physician's Examination every two (2) years.

Applicants 60 years of age or older are required to submit an annual Physician's Examination.

Thank you for your cooperation.
The CVAR Board



Corinthian Vintage Auto Racing National Competition License
Medical Form - Page 2 - Examination

Physician's Examination Form
PLEASE PRINT

Applicant Information - (Completed by Applicant)

Applicant's Name _____

License/Member # _____ Date Of Birth _____

Address _____ Phone (_____)

City _____ State _____ Zip Code _____

E-mail address _____ Date of last Tetanus _____

Physician's Examination

NOTE: At a minimum, please examine for abnormalities associated with the; Neurological system, Neuromuscular, Vision, Cardiac and Vascular System, Respiratory System, and Endocrine system.

Please make comments or concerns that the CVAR Board of Directors should be aware of, continuing on the reverse side or please add additional pages as needed.

_____ Additional comments? _____

I certify that based on the instructions given to me, my personal examination and review of the applicant's Medical History, I am not aware of any medical reason that should prevent this Applicant from driving a highspeed competition automobile.

Physician's Signature _____ DATE _____

Physician's Name (please print) _____ Phone _____

Address _____ City/Province _____ State/Country _____ Zip _____

I certify all of the statements are true and accurate. I authorize any hospital, institution or physician permission to release medical information to the CVAR President/Vice-President or their designee, which might have bearing on my ability to drive a vintage racecar in competitive events. I also agree to notify the CVAR President/Vice President of the organization holding this medical form of any changes which occur during the life of this medical certification which might affect my ability to safely race a car at speed.

Applicants Signature _____ Date _____ (Revised 6/2021)