



General objective examination

Form: WPPA-MED-02

Name:

Height: Weight:

Respiratory system:

Cardiovascular system:

Heart at rest: after stress:

Pulse rate in minutes at rest: after stress:

Vital Capacity:

Reports related to other examinations:

Radiography of the thorax: Electrocardiogram:

Sight-testing a) Faculty of Vision: R L

with Correction: R L

b) Vision of colours:

c) Stereoscopic sense:

Hearing testing:

Blood Group: Rh:

Urine: Albumin: Sugar:

Sediment:

Others:

Congenital or acquired deformities:

DOCTORS DETAILS:

Name in capitals:

Degree:

Address: Telephone:

Aptitude assessment:



Stamp



Medical evaluation sheet

Form: WPPA-MED-01

Established at:

Name: Age:

Born in (City): Country:

Address:

Status: Profession:

Date of first involvement in the sport:

Other sports practised:
.....

PRESENT STATE OF HEALTH AND FORMER DISEASES

Diseases:
.....

(with special mention of Cardiopathy, Coronary troubles, Diabetes, Epilepsy, & High Blood Pressure)

Previous operations:

Dates of operations:

Accidents:

Nutrition:

Tobacco:

Digestion:

Alcohol:

Abdomen:

Medicines taken:

.....
Signature of applicant



Medical Certificate

Form: WPPA-MEDCERT

For all Fomulae drivers

I, **Doctor** **Specialist in:**

Hereby declare that Mr

Born in **on**

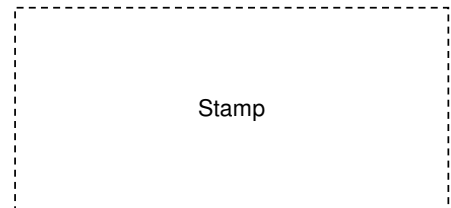
Nationality **Passport number:**

Has carried out the medical examination as per rule 19.01 Section F Part 4 of the WPPA Racing Rules.

The results of the tests are normal and I therefore declare the driver eligible for racing.

This certificate is valid for one year from today's date

Date:



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Doctors Signature