APPLICATION FOR RIDER'S MEDICAL CERTIFICATE

AHDRA®
ALL HARLEY® DRAG RACING ASSOCIATION

APPLICANT'S FULL NAME AND ADDRESS

Name: _____

Address: _____

_____

_____

_____

PHYSICAL EXAMINATION
INSTRUCTIONS FOR MEDICAL PHYSICIAN AND APPLICANT

1. This medical certificate must be completed by a **medical physician or D.O. only.**
2. This examination is for a rider's racing competition license.
3. Medical Physician or D.O. must complete medical history information.
4. Record your medical findings.
5. Application will be returned if **any** information is incomplete.
6. Reverse side of this form to be completed in **full**. If unable to complete or obtain any findings, refer patient to a second physician and attach any supplements.
7. **Medical Physician or D.O. must sign reverse side of this form**.
8. Application and attachments **must** be in English.
9. Attach all findings, consults, ECG, EKG, x-rays to this report.
10. EKG required at age 55 and older, copy must be attached.
11. Return completed **original** form to applicant. **Copies not accepted.**
12. **LICENSE WILL BE VALID FOR TWO YEARS FROM THE MONTH OF THE PHYSICAL.**

MEDICAL HISTORY (This should include any and all changes within the last two years.)

HAVE YOU EVER HAD OR HAVE NOW ANY OF THE FOLLOWING: ***(For each "yes" checked, describe and date condition in remarks)***

Yes	No	Condition	Yes	No	Condition	Yes	No	Condition	Yes	No	Condition
		a. Frequent or severe headaches			g. Heart trouble/Pacemaker			m. Nervous trouble of any sort			s. Medical rejection from or for military service
		b. Dizziness or fainting spells (If yes, circle one)			h. High or low blood pressure			n. Any drug or narcotic habit			t. Rejection for life insurance
		c. Unconsciousness for any reason			i. Stomach trouble			o. Excessive drinking habit			u. Admission to hospital
		d. Eye trouble except glasses			j. Kidney stone or blood in urine			p. Attempted suicide			v. D.U.I.
		e. Asthma/Hay fever			k. Sugar or albumin in urine/Diabetes			q. Motion sickness requiring drugs			w. Alcohol/Drug convictions
		f. History of fractures			l. Epilepsy or fits/Seizures			r. Military medical discharge			x. Other illnesses

REMARKS: ***(For each "yes" checked, describe and date condition)***

MEDICAL TREATMENT WITHIN THE LAST 5 YEARS

DATE	NAME AND ADDRESS OF PHYSICIAN CONSULTED	REASON

APPLICANT'S CERTIFICATION & AGREEMENT: *I hereby certify that all statements and answers provided by me in this examination form are complete and true to the best of my knowledge, and I agree that they are to be considered part of the basis for issuance of any AHDRA certificate or license to me. I understand and agree that if I give any untruthful information on this form, I forfeit any and all privileges to participate in any and every aspect of the sport of drag racing.*

SIGNATURE OF APPLICANT *(In ink)* | DATE

AHDRA 2004-11

APPLICANT'S NAME _____

AGE	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX

REPORT OF MEDICAL EXAMINATION *(Please type or print)*

NORMAL	CHECK EACH ITEM IN APPROPRIATE COLUMN *(Enter NE if not evaluated)*	ABNORMAL	NOTES: Describe every abnormality in detail. Enter applicable item number before each comment. Use additional sheets if necessary and attach to this form.
	1. Head, face, neck and scalp		
	2. Nose		
	3. Sinuses		
	4. Mouth and throat		
	5. Ears, general		
	6. Drums (perforation)		
	7. Eyes, general (Visual acuity under items 27, 28 & 29)		
	8. Ophthalmoscopic		
	9. Pupils (Equality and reaction)		
	10. Ocular motility (Associated parallel movement, nystagmus)		
	11. Lungs and chest (Breasts exam only if clinically indicated or requested)		
	12. Heart (Precordial activity, rhythm, sounds and murmurs)		
	13. Vascular system (Pulse, amplitude and character; arms, legs, others)		
	14. Abdomen and viscera (Including hernia)		
	15. Anus and rectum (Digital exam only if clinically indicated or requested)		
	16. Endocrine system		
	17. G-U system (Pelvic exam only if clinically indicated ar requested)		
	18. Upper and lower extremities (Strength and range of motion)		
	19. Spine, other Musculoskeletal		
	20. Identifying body marks, scars, tattoos		
	21. Skin and Lymphatics		
	22. Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves, coordination, etc.)		
	23. Psychiatric (Appearance, behavior, mood, communication and memory)		
	24. General systemic		

25. BLOOD PRESSURE (Sitting MM Mercury)		**26. HEART RATE**	**27. FIELD OF VISION (Peripheral)**	28. DISTANT VISION **(Must have BOTH findings)**		
Systolic	Diastolic	Resting Pulse	☐ NORMAL ☐ ABNORMAL		**UNCORRECTED**	**CORRECTED**
			29. Corrective Lens REQUIRED While Driving	Right Eye	20/	20/
			*If previously "Yes," please include an explanation of the change. NO*_____ YES_____	Left Eye	20/	20/
				Both Eyes	20/	20/

30. URINALYSIS (If sugar is positive see #31.)			31. BLOOD SUGAR TEST (***Both Fasting & 2 Hour Post Prandial***, *required only if sugar is found in urine. No S.I. Units)*		
☐ **NORMAL** ☐ **ABNORMAL**	ALBUMIN ☐ NO ☐ YES	SUGAR ☐ NO ☐ YES	FASTING	2-HOUR P.P.	COMMENTS

32. OTHER TESTS	33. DISQUALIFYING DEFECTS/LIMITATIONS

34. COMMENTS ON HISTORY AND FINDINGS, RECOMMENDATIONS **(INCLUDE SPECIFIC MEDICAL CONDITION AND MEDICATIONS CURRENTLY PRESCRIBED)**

35. EKG ***(CURRENT EKG REQUIRED AT AGE 55 AND OLDER, does not reflect any abnormalities that would preclude the patient from racing. ATTACH all findings, consults, ECG, X-rays, etc. to this report before mailing)***

35.a EKG (Date)

MM	DD	YY

☐ **NORMAL**
☐ **ABNORMAL**
HEART TROUBLE WITHIN 2 YEARS, MUST SUBMIT RECENT EKG AND CARDIOLOGIST RELEASE.

36. **PLEASE CHECK ONE**

	PHYSICALLY ACCEPTABLE
	FURTHER EVALUATION REQUIRED (Explain)

37. MEDICAL PHYSICIAN/D.O. DECLARATION: *I hereby certify that I personally examined the applicant named on this medical report and that this report and any attachment embodies my findings completely and correctly. I have also reviewed the medical history on reverse side of form.*

DATE OF EXAMINATION	**MEDICAL PHYSICIAN(MD/DO ONLY) SIGNATURE**	**MEDICAL PHYSICIAN (MD/DO ONLY) NAME, TITLE, ADDRESS & PHONE NO.** *(Type or print)*
	State License #	Phone ( ) Fax ( )