**2022 Appendix “B” – Medical History (TO BE FILLED BY AN ALLOPATHY DOCTOR ONLY )**

The following general principles apply in passing a competitor as fit to race / rally despite a physical disability. He must not have more than one main disability. If his hand or arms are affected he must still have effective use of both hands in steering. He must not be a diabetic, or suffer from any of the conditions requiring treatment for the maintenance of physical stability. Applications with impaired or no vision in one eye may be allowed to race provided that they had this disability for not less than five years and have satisfactory judgement of speeds and distance. In addition, vision in the remaining eye must reach a standard of not less than 6/6 corrected by the wearing of glasses if necessary. Should a Doctor not approve an applicant, on no account should he sign the Declaration below. But instead send this form to the FMSCI with his observations, recommending whether or not the FMSCI Medical Panel should examine the applicant. Any fee charged for completion of this certificate or the examinations associated with it is the responsibility of the applicant NOT the FMSCI.

|  |  |  |  |
| --- | --- | --- | --- |
| Rider/Driver |  | Date of Birth |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Normal** | **Abnormal** | **Details (if not normal)** |
| Cardio-vascular system |  |  |  |
| Blood Pressure |  |  |  |
| Pulse |  |  |  |
| Respiratory system |  |  |  |
| **Nervous System** | | | |
| Central |  |  |  |
| Peripheral |  |  |  |
| **Ear, Nose & Throat, in particular vestibule cochlear** | | | |
| Right |  |  |  |
| Left |  |  |  |
| **Locomotor System** | | | |
| Right Arm |  |  |  |
| Left Arm |  |  |  |
| Right Leg |  |  |  |
| Left Leg |  |  |  |
| Spine |  |  |  |
| Abdomen (Hernia) |  |  |  |
| **Urine** | | | |
| Albumen |  |  |  |
| Glucose |  |  |  |
| **Eyes – Distant Vision – With / Without Correction** | | | |
| Right |  |  |  |
| Left |  |  |  |
| **Color Vision (for Red, Yellow and Blue)** | | | |
| Right |  |  |  |
| Left |  |  |  |

I, the undersigned certify that in respect of motorsport, this competitor

is fit to take part  is NOT fit to take partis to be examined by FMSCI Medical Panel

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Doctors Name |  | | | Seal & Signature |
| For Rider/Driver |  | | |
| Qualification |  | Date | / 2022 |
| Medical Council of India (MCI) No. |  | | |