

2024 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. PLEASE WRITE. DONOT TYPE.

Rider/Driver		Date of Birth	
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	Normal	Abnormal	Details (if not normal)
Cardio-vascular system	<input type="checkbox"/>	<input type="checkbox"/>	
Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	
Pulse	<input type="checkbox"/>	<input type="checkbox"/>	
Respiratory system	<input type="checkbox"/>	<input type="checkbox"/>	
Nervous System			
Central	<input type="checkbox"/>	<input type="checkbox"/>	
Peripheral	<input type="checkbox"/>	<input type="checkbox"/>	
Ear, Nose & Throat, in particular vestibule cochlear			
Right	<input type="checkbox"/>	<input type="checkbox"/>	
Left	<input type="checkbox"/>	<input type="checkbox"/>	
Locomotor System			
Right Arm	<input type="checkbox"/>	<input type="checkbox"/>	
Left Arm	<input type="checkbox"/>	<input type="checkbox"/>	
Right Leg	<input type="checkbox"/>	<input type="checkbox"/>	
Left Leg	<input type="checkbox"/>	<input type="checkbox"/>	
Spine	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen (Hernia)	<input type="checkbox"/>	<input type="checkbox"/>	
Urine			
Albumen	<input type="checkbox"/>	<input type="checkbox"/>	
Glucose	<input type="checkbox"/>	<input type="checkbox"/>	
Eyes – Distant Vision – With / Without Correction			
Right	<input type="checkbox"/>	<input type="checkbox"/>	
Left	<input type="checkbox"/>	<input type="checkbox"/>	
Color Vision (for Red, Yellow and Blue)			
Right	<input type="checkbox"/>	<input type="checkbox"/>	
Left	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

Doctors Name				
For Rider/Driver				
Qualification		Date	/ 2024	
Medical Council of India (MCI) No.				
				Seal & Signature