



Canadian Association of Rallysport

Affiliated to ASN Canada FIA



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Physical Examination form for a Canadian Association of Rallysport competition licence

*The medical delegate for the Canadian Association of Rallysport is Dr. Robert Labrie.
He may be reached at his office at 418-248-4933. His fax number is 418-248-2778.*

Dear Doctor,

You are being asked to examine this candidate for a rally licence for the Canadian Association of Rallysport. If you find the candidate physically and psychologically fit, and they pass their other tests, the candidate will then be granted a licence that will enable them to drive a competition vehicle at extremely high speeds under the most exacting conditions. Please, therefore, examine the candidate carefully and critically, and recommend them only if you are completely satisfied in all respects. An appeal procedure exists whereby the candidate may take the matter up with a physician experienced in rallying should you disapprove the applicant. You will thus be doing not only the applicant, but also our sport, a service by conducting this examination as carefully as possible.

The following is an excerpt from the FIA regulations outlining the minimum standards required in a medical examination:

- 1.4 Eyesight standards required
- a) Visual acuity (before or after correction, sight for each eye should be at least 9/10 (metric)). Furthermore, any subject whose visual acuity in one eye only is diminished and cannot be corrected and who necessarily has contralateral vision, whether corrected or not, equal to or greater than 10/10 (metric), may obtain a driver's licence under the following conditions and after examination by a competent ophthalmic specialist:
 - Field of vision equal to or greater than 200°
 - Functional stereoscopic vision
 - Condition of the fundus excluding pigmentary retinal damage
 - Any old or congenital damage shall be strictly unilateral
 Blindness in one eye is absolutely excluded
 - b) Normal binocular vision
 - c) Normal colour vision (recourse to the Ishihara tables in doubtful cases and to the Beyne Lantern, or a similar system in cases of error); in any case, no errors in the perception of the colours of the flags used in international competitions
 - d) Normal field of vision
 - e) Normal stereoscopic vision (licence should not be issued to applicants who are blind in one eye).
 - f) The wearing of contact lenses is permitted provided that:
 - These shall have been worn for a period longer than 12 months and for a significant period every day
 - They are certified as satisfactory for motor racing by the ophthalmic specialist who supplied them
- 1.5 List of illnesses and disabilities incompatible with the practice of motor sport or requiring a medical assessment by a physician approved by the Canadian Association of Rallysport.
- a) Incompatible illnesses and disabilities
 - Epilepsy with behavioural effects, or under treatment
 - Amputations, except in the case of fingers where the gripping function in both hands is unimpaired
 - Orthopedic appliances, if the functional result is not equal or near to normal
 - Free movement of the limbs impeded by more than 50%
 - b) Illnesses or disabilities requiring a medical assessment by the medical delegate of the Canadian Association of Rallysport:
 - Insulin-dependent diabetes, on condition that a confidential document proving that regular supervision of the party concerned and of his treatment is submitted to the medical delegate approved by the Canadian Association of Rallysport
 - Myocardial infarction and myocardial ischaemia, valvular disease or other abnormal cardio-vascular conditions
 - Functional limitation of the articulations of the hand superior to 50% and affecting two or more fingers of the same hand
 - Orthopedic appliance allowing the party concerned to recover normal or near normal functional activity
 - Psychiatric conditions

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Applicant's Personal Information

Name: _____ Age: _____
 Address: _____ Date of Birth: _____
 City/Province: _____ Postal Code: _____
 Occupation: _____ Gender: M F

Re-examination:

It shall be the responsibility of the applicant to be re-examined as follows:

1. Upon the expiration of their current medical examination form.
2. Following any significant illness, injury or hospitalization.

Examining Physician's Report

1. Name, address and telephone number of examining Doctor.
 Please affix your stamp in the box.



2. Is there any evidence of abnormality of the heart or cardiovascular system? (If yes, supply details) Yes No

NOTE: For Licences, a stress related ECG is only required if you, the examining doctor, deem it to be necessary. If so, please supply a written report (not a trace).

ECG Date: _____

3. Is there any evidence of a physical or mental condition, past or present which could, in your opinion, debar the applicant from holding a rally competition licence? Yes No

4. Does the applicant have any physical abnormality or restriction of movement of upper and or lower limbs? (If yes, supply details) Yes No

5. Vision - Uncorrected R eye 20/ _____ L eye 20/ _____
 - Corrected R eye 20/ _____ L eye 20/ _____
 - Field of vision _____
 - Is colour vision normal? (If no, supply details) Yes No

6. Blood Pressure (If outside normal, provide details) Diastolic - ____ Systolic - ____

7. Tetanus Booster Date: _____

Comments on History and Findings (continue on another page if necessary)

The applicant should have no established medical history or clinical diagnosis that may reasonably be expected, within two years after this finding, to make them unable to perform the duties or exercise the privileges of a Canadian Association of Rallysport competition licence.

On the basis of the above report, and mindful of the information provided to me, I make the following recommendation:

- That the applicant is physically and psychologically fit to drive a rally vehicle in competitive events at high speeds.
- That the Canadian Association of Rallysport medical delegate review the applicant's application.
- That the applicant is NOT physically and psychologically fit to drive a rally vehicle in competitive events at high speeds.

Date: M. _____ D. _____ Y. _____

Signed: _____ M.D.