

# MOTOR SPORTS SINGAPORE MEDICAL FORM 2018

## ANNUAL MEDICAL EXAMINATION



Applicant's name: \_\_\_\_\_

Address: \_\_\_\_\_

NRIC /Fin No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

### Medical Information

Vision	Right eye	Left eye	Height	(cm)
Uncorrected	6 /	6 /	Weight	(kg)
Corrected	6 /	6 /	Blood Pressure	/

Is there any evidence of abnormality of the heart of cardiovascular system?  
*If 'yes', give details below*

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Is there any evidence of a physical or mental condition in the applicant's medical history?  
*If 'yes', give details below*

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Has the applicant suffered from epilepsy, seizures or any other neurological conditions?  
*If 'yes', give details below*

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Does the applicant have any physical abnormality or restriction of movement in the arms or legs?  
*If 'yes', give details below*

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If you have ticked "YES" to any of the questions above, please provide further details in the box below

Doctor's comments:

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Date	Doctor's Signature / Clinic Stamp	ASN Stamp