

# MOTOR SPORTS SINGAPORE MEDICAL FORM 2021

## ANNUAL MEDICAL EXAMINATION



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

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

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_ Blood Type \_\_\_\_\_

### 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