

MOTOR SPORTS SINGAPORE MEDICAL FORM 2022

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: _____ _____ _____

Date	Doctor's Signature / Clinic Stamp	ASN Stamp