



2018 PHYSICAL EXAMINATION FORM

DUE JUNE 1, 2018

PREFACE: This form is to be used by a licensed physician (M.D., D.O.) to determine whether you, as the competitor, are physically capable of performing under the unique medical conditions that Pikes Peak presents.

DEAR PHYSICIAN: You are being asked to examine this competitor candidate to determine physical ability to compete in the Pikes Peak International Hill Climb. He/she will be performing in a competition vehicle, at a high altitude (9,000-14,115), at extreme conditions. We ask that you examine the candidate carefully, and recommend him/her only if you are completely satisfied with the results of your examination. In the event you disapprove him/her, an appeal process exists, whereby the candidate can be screened by our physician advisor. The medical advisor, with input from the physician advisor, will be the final authority as to whether or not the entrant will be able to compete.

DATES: All physicals must be signed by a doctor between July 1, 2017 and June 24, 2018. No outdated physicals will be accepted.

IF YOU ARE AGE 50 AND OVER YOU MAY BE ASKED TO SUBMIT AN EKG AS PART OF THIS EXAMINATION.

TO BE COMPLETED BY EXAMINING PHYSICIAN (PLEASE PRINT):

COMPETITOR NAME [] AGE [] DOB [] BLOOD TYPE []

[] MALE [] FEMALE HEIGHT [] WEIGHT []

VITAL SIGNS B/P [] PULSE [] RESPIRATION []

Health History:

- Yes No Respiratory Disease Yes No Cardiovascular Disease
Yes No Kidney Disease Yes No Psychiatric Disorder
Yes No Diabetes Yes No Gastrointestinal Ulcer
Yes No Nervous Disorder Yes No Head or Spinal Injuries
Yes No Muscular Disease Yes No Convulsive Disorder
Yes No Illness or injury Yes No Permanent defect from illness or injury

If answers to any of the above is yes, explain (may use back, if needed):

Allergies:

General appearance and development: Good: Fair: Poor:

Vision: Circle one: Test done with corrective lenses. Test done without corrective lenses.

For distance: Left:20/ Right: 20/

Evidence of disease or injury: Left: Right:

Color Test:

Horizontal field of vision: Left: Right:

Hearing: Disease or injury?

Throat:

Thorax: Heart:

If organic disease is present, is it fully compensated?

Blood Pressure: Systolic: Diastolic:

Pulse: Before exercise: After exercise:

Please Complete Other Side

Lungs: _____

Abdomen: Scars: _____ Abnormal Masses: _____

Tenderness: _____

Hernia: Yes _____ No _____ If yes, where _____

Gastrointestinal: Ulceration or other disease: _____

Genito-Urinary: Scars: _____ Urethral Discharge: _____

Reflexes: Romberg: _____

Pupillary: Light: _____ Left: _____ Right: _____

Accommodation: Left: _____ Right: _____

Knee Jerks: Left: Normal _____ Increased _____ Absent _____

Right: Normal _____ Increased _____ Absent _____

Extremities: Upper _____

Lower _____

Spine _____

Electrocardiograph: (if requested) _____

Comments: _____

On the basis of this physical examination, and mindful of the note addressed to me, I make the following recommendation:

_____ The competitor candidate is physically fit to drive a race vehicle in a competitive event at high speeds and altitude.

_____ The competitor candidate is NOT physically fit for to drive a race vehicle in a competitive event at high speeds and altitude.

Medical Examiner's Certificate
(to be completed by examining physician)
I certify that I examined

Competitor's Name - please print _____

A copy of this examination is on file in my office at: _____

Date of exam: _____ Examining Doctor (print): _____

Physician's signature _____

Competitor's signature _____

Please Return To:
Pikes Peak International Hill Climb
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