

**APBA
Vintage Division
Medical History & Physical Exam Form**

Name: _____ Address: _____

Birth Date: ____/____/____ _____

In the event of Emergency Contact: _____

1. Name: _____ Phone #: (____) _____

2. Name: _____ Phone #: (____) _____

Any vehicle mishaps in previous year? Yes No

Allergies: _____

Medicines: _____

Medical Conditions: _____

Hospitalizations:	Reason	Approximate Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous Operations: _____

Current Symptoms:

Syncope (fainting) Yes No

Seizures Yes No

Vertigo (dizziness) Yes No

Decreased hearing Yes No

Numbness:

Arms Yes No

Legs Yes No

Irregular heart beat Yes No

Chest Pain Yes No

Asthma Yes No

Vision change Yes No

Paresis (significant weakness)

Arms Yes No

Legs Yes No

Physical Exam

Vital Signs:

_____: Pulse

_____/_____: BP

_____: Respiratory Rate

Eyes:

Binocular vision: Yes No

Distance vision: _____/_____ With Correction: _____/_____

Ears:

Hearing intact: R: Yes No L: Yes No (whispered voice @ 5 feet)

Balance:

Heel to toe walk: _____

Index to nose eyes closed: _____

Rapid alternating movements: _____

Balance eyes closed: _____

Neck Motion: R: _____ L: _____ Down: _____

Carotids:

Pulse: R: _____ L: _____

Bruit: R: _____ L: _____

Hand Grip Symmetrical & Strong: Yes No

Ability to squat and stand: Yes No

Stand on tiptoes: Yes No

Cardiac Irregularities: _____

If so, currently treated Yes No

Abdominal aneurysm: Yes No

I certify that I have examined _____ and with knowledge of vintage hydroplane driving requirements, I find this person is physically capable.

Signature of Medical Examiner: _____

Printed Name of Medical Examiner: _____ Title: _____

DATE SIGNED: _____