MEDICAL EXAMINATION FORM

(to be completed by the doctor)

The person to be examined is applying for a license to participate in motorcycle events. The purpose of the examination is to determine whether the applicant is physically and mentally fit to control a motorcycle to ensure the safety of other riders, officials, and spectators during an event.

Name:	**First name:**	**Date of birth**	
Address:			

Sex: male female non-binary

Vital Signs:

Blood Pressure	**Pulse**	**Respiratory Rate**

System	Normal	Abnormal	Details if Abnormal
HEENT			
Eyes:			
Distance Vision without Correction			
Left Eye			
Right Eye			
Distance Vision with Correction			
Left Eye			
Right Eye			
Respiratory System			
Cardiovascular System			
Exercise Treadmill Test if over 50YO			
Abdomen			
Presence of Hernia(s)			
Genito Urinary System			
Urine Albumen			
Urine Glucose			
Extremities			
Right Arm			
Left Arm			
Right Leg			
Left Leg			
Spine			
Neurologic System			
Vestibular Function			
Rhomberg Test			
Tandem Gait Test			

* In addition to the medical examination, an applicant for any license if 50 years of age or older must undergo and successfully pass an Exercise Treadmill Test (ETT) prior to the issuing of the license. The ETT must be completed and successfully passed every three years.

MEDICAL EXAMINATION FORM
(to be completed by the doctor)

☐ I, the undersigned, certify that this person is medically fit to take part in motorcycle events.

☐ I, the undersigned, certify that this person is medically NOT FIT to take part in motorcycle events.

☐ I recommend that this person be examined by a member of the Medical Committee of MotoAmerica, or a doctor appointed by MotoAmerica.

Date of examination Signature of Doctor

Doctor Printed Name: _____

Address: _____

Email: _____

Telephone number: _____