DOCUMENTATION AS TO MEDICAL EXAM

Name: _____

I acknowledge that I currently have an INDYCAR driver's license or that I have applied to participate as a driver in INDYCAR events. In that regard, I have completed and signed an application agreement and executed a separate medical authorization, acknowledgement and consent. I acknowledge that I have agreed to provide complete information about my medical condition. I am also required to submit to an annual examination and to an examination and test following i) any significant illness ii) injury iii) hospitalization and iv) whenever I am given information or have any reason to believe or question my physical or psychological fitness to drive a race car at high speeds. It is understood that it is my responsibility to forward or have forwarded all medical records from physicians and/or hospitals to INDYCAR's Medical Director. I certify that the information that I am providing or direct others to provide is correct and complete to the best of my knowledge. Furthermore, by this document, I instruct and give permission to any health care facility or physician to release any information concerning my medical history and/or regarding recent injury or illness to the Medical Director or his/her representative. I understand that whenever INDYCAR determines that it would not be medically appropriate for me to participate in any INDYCAR activities, I may be excluded from participation.

I recognize that it is my responsibility to schedule follow up visits as I believe are necessary or as recommended or required by the INDYCAR Medical Director or his or her representative. Finally, an examination for fitness for participation purposes in INDYCAR events is not a determination for medical fitness for all purposes. I renew my understanding as to my need for a personal physician(s) and for regular exams and medical screenings that are unrelated to the INDYCAR exams.

Agreed and Understood

_____ _____

Participant's Signature Date

Completion by Medical Director/Representative

Exam and/or test undertaken in regard to:

☐ Annual Exam

☐ Other _____

Medical Recommendation:

☐ Participant is medically qualified for unrestricted participation.

☐ Participant is medically qualified for restricted participation and the restriction is:

_____

_____

☐ Participant is not medically recommended for participation.

Follow up Recommendation:

☐ None at this time.

☐ _____

_____ _____

Medical Director Date