



Non-NASA Medical Declaration Form

Applicant: Use this Form ONLY if you are submitting a Racing Medical/Physical Exam Form from another racing organization for purposes of obtaining a NASA Competition Race License. Complete this page legibly and in its entirety. Failure to complete the information will delay processing of your license. The examining physician must be an M.D. or D.O. Any physical examination by a P.A. or N.P. must be co-signed by a supervising physician. All drivers that are age 45 or older must submit a copy of a 12-lead EKG with this form as a baseline (unless NASA already has one on file from a previous submission.) All Non-NASA Medicals will be reviewed, and are subject to request for a new medical evaluation, using the standard NASA Medical Evaluation Form.

Note- the answer of “yes” for any condition highlighted below MUST have a comment on page 2, and may be cause for review and requests for further evaluation/testing by the NASA Medical Director.

Name: _____ Member #: _____ Age: _____ Date of Birth: _____

Address: _____ City, St, Zip: _____

Email Address: _____ Occupation: _____

Phone: (H) _____ (W) _____ (C) _____

Personal Physician: _____ Phone: _____

Address: _____ City, St, Zip: _____

Examining Physician: _____ Phone: _____

Address: _____ City, St, Zip: _____

PLEASE INDICATE IF YOU EVER HAD, OR HAVE NOW, ANY OF THE FOLLOWING:

Do You Have or Have You Ever Had?	Yes	No
1. Frequent or severe headaches		
2. Unconsciousness for any reason		
3. Dizziness or fainting spells		
4. Epilepsy or seizures		
5. Coronary artery disease or angina		
6. Heart valve Problems		
7. Left bundle branch block (heart)		
8. Abnormal cardiac rhythms/ Pacer/ AICD		
9. High blood pressure		
10. Operation(s) on brain		
11. Operation(s) on heart		
12. Operation(s) on eyes, nerves, blood vessels, or bone		
13. Previous waiver(s) from NASA, SCCA, BMWCCA, PCA or other sanctioning body for medical condition(s)		

Do You Have or Have You Ever Had?	Yes	No
14. Any drug, narcotic, or alcohol problems		
15. Psychiatric/mental health problems		
16. Eye trouble (except glasses)		
17. Asthma, COPD or other pulmonary problem		
18. Diabetes		
19. Anemia or other blood diseases including abnormal bleeding		
20. Admission to a hospital in the past 12 months for any reason		
21. Allergy(s) to medications List:		
22. Routine use of Pain Medication		
23. Amputations/physical disability		
24. Illness(es) not listed above List:		
25. Blood Thinner Medication of any kind		
26. Previous denial(s) from NASA, SCCA, BMWCCA, PCA, or other sanctioning body due to medical reasons		

Date of last Tetanus _____ Blood Type _____

Medications Used (including eye drops and OTC Meds): _____

