



APPLICATION FOR COMPETITION LICENSE

DRIVER PROFILE

(Please Print)

(Required for Competition License Log Book)

NAME _____ Birth Date _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Phone_(____) _____ Fax_(____) _____ E-Mail: _____

Have you ever had a COMPETITON LICENSE? _____ When? _____
With Whom? _____ Reason for lapse _____

Do you have a current medical exam on file with SWMS? _____ Expires _____

Do you have a valid state issued drivers' license? _____

State issuing license _____ # _____ Expires _____

Do you hold a Competition License from another Club? _____

Club _____ # _____ Expires _____

Please list any Drivers' Schools you have attended and when: _____

Please list all racing experience including club racing include types of cars driven: _____

Date & place of last race or competition: _____

MUST be a member of SWMS to apply for a Driver's Log Book.

NOTE: Completion of this application does not automatically grant a license. After completion of form, all requirements as detailed in Rules & Regulations must be met.

Signature _____ Date _____



After completion of APPLICATION FOR COMPETITION LICENSE send:

- Competition License Application (Driver Profile)
-
- Medical Documentation Form completed (one page)
-
- 2 photos (needs to be less than 4 X 5)(can be e-mailed)
-
- \$10 fee to:

JANICE SWOPE
1030 GREEN VALLEY RD. NW
LOS RANCHOS, N M 87107

Jswope32@msn.com



SWMS Medical Documentation Form

Physical Examination of _____ for SWMS Racing License# : _____ <small>(Please Print)</small>
Date of Exam: _____ Applicant's birthdate (mm/dd/yy): _____ Blood Type: _____

To the Driver/Applicant:

A physical examination is required every 2 years. As applicant, you should fill out the needed personal information on this page (**SWMS Medical Form**) and Applicant's medical history that is a part of this packet. Upon completion of the Physical Examination by your physician, **verify that this documentation Form has been fully completed, signed and stamped by physician and signed by you. SUBMIT only this Documentation Form** to Licensing Registrar, **1030 Green Valley Rd. NW, Los Ranchos, N M 87107. DO NOT SEND** the actual Physical exam but place it in your racing portfolio for possible examination by officials for a racing event. This procedure is to protect the privacy of your medical information.

As applicant, and by signing below, you understand that any alteration or forgery of this document is grounds to invalidate this exam and could result in license revocation. You hereby authorize your physician to release to **SWMS** any medical information that may affect your ability to safely participate in **SWMS** racing events. You authorize **SWMS** to contact your physician to verify both that this exam was completed and that his recommendation is as shown below. You also agree to notify **SWMS** of changes in your health that may affect your ability to safely participate in wheel-to-wheel racing with our club.

Signed _____	Date: _____
Applicant's Signature	

To the Examining Physician:

This examination format has been approved by the Board of Directors of SouthWest MotorSport (SWMS) automobile racing club. Your patient must submit the completed form pg.1 to become eligible for a **SWMS** Racing License. Vintage and contemporary car racing is wheel-to-wheel competition. Each practice and race session typically lasts 15 to 30 minutes. Racing environment can be very hot and speeds of around 90 mph are for brief periods of time. It is of the utmost importance that our drivers be in good health to minimize the possibility that an acute or chronic illness might jeopardize our drivers, track workers or spectators. If you have any questions you may discuss them with patient or call **SWMS** at (505) 345-6235.

All applicants age 40 and over must have an EKG as part of this examination.

After reviewing the above applicant's medical history and performing the physical examination prescribed on the attached Physical Examination, please sign and stamp both this document and the Physical Exam. Place a record of this examination on file in your office.

Given the criteria/guidelines presented by **SWMS**, I attest that the applicant (**check one**)

IS physically *and* psychologically fit to drive a racecar.

IS NOT fit.

Signed: _____ Date: __/__/____ Stamp: _____
Examining Physician's Signature

Address: _____ License # _____

City, State, ZIP: _____ Phone: _____

RETURN THIS PAGE ONLY TO LICENSING REGISTRAR!!!

PHYSICAL EXAMINATION FOR SWMS RACING LICENSE

(to be filled out by examining Physician)

NAME		AGE	DATE OF BIRTH		
ADDRESS					
CITY, STATE, ZIP					
SEX	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	BLOOD TYPE

Normal	Check each item in appropriate column	Abnormal
	1.Head, face, neck, & scalp	
	2.Nose	
	3.Sinuses	
	4.Mouth & throat	
	5.Ears: general, gross hearing loss	
	6.Ear drums (perforation)	
	7.Eyes: general (acuity under #21)	
	8.Pupils (equality & reaction)	
	9.Ocular motility (associated parallel movement)	
	10.Lungs & chest	
	11.Cardiovascular system	
	12.Abdomen	
	13.Endocrine system	
	14.G-I system	
	15.Upper & lower extremities (strength, range of motion)	
	16.Spine, other musculo-skeletal	
	17.Skin & lymphatic	
	18. Neuralgic (tendon reflexes, equilibrium, senses, coordination)	
	19.Psychiatric (specify any serious personality deviations)	
	20.General systemic	

21. Distance Vision		
Right eye--20/	Corrected	20/
Left eye-- 20/	Corrected	20/
Both eyes--20/	Corrected	20/
22. Peripheral Vision		
Right eye--		
Left eye--		
23. Blood Pressure		
Systolic--		
Diastolic--		
24. Pulse		
Resting--		
After exercise (eg: 10 sit ups)		
25. Urinalysis		
Albumin--		
Sugar-----		
26. EKG results		
Normal---		
Abnormal-		

The examining physician should give candidates having the following conditions special considerations.

- Less than 20-30 corrected Vision in the better eye
- * Stroke or significant neurological abnormality
- Loss of extremity or eye
- * History of heart attack, heart failure angina, or heart rhythm irregularity
- Alcohol or drug addiction
- * Psychological problems
- Diabetes
- * Blood pressure: Diastolic over 100 systolic over 170
- Epilepsy or fainting spells
- History of malignant disease

The applicant should have no established medical history or clinical diagnosis that may reasonably be expected to make him/her unable to perform the duties or exercise the privileges of a SWMS racing license.

Signed _____ Date _____ Attach business card
 (Examining Physician)

APPLICANT'S MEDICAL HISTORY

(to be filled out by applicant)

Name		Age	Date of Birth	
Street Address				
City, State, ZIP				
Sex	Height	Weight	Eye Color	Hair Color

Have you been treated for, have you ever had, or have you now any of the following?

(For each "YES" checked, describe or explain below. Attach additional sheets if necessary.)

YES		NO
	1. Frequent or sever headaches.	
	2. Dizziness or fainting spells	
	3. Unconsciousness for any reason	
	4. Eye trouble, except glasses.	
	5. Asthma or other serious lung condition	
	6. Allergy to medications or other drugs.	
	7. Diabetes-insulin and how much	
	8. Heart attack, angina, heart failure, heart rhythm abnormality.	
	9. High or low blood pressure	
	10. Anemia or other blood diseases, including abnormal bleeding	
	11. Color blindness	
	12. Kidney or urinary tract disease	
	13. Epilepsy or stroke	
	14. Alcoholism or drug abuse	
	15. Admission to hospital within the last 12 months	
	16. Operations involving eyes, brain, heart, nerves, or blood vessels	
	17. Amputation or physical disability	
	18. Other serious illnesses	
	19. Tetanus booster-- date of most recent	

Remarks

List Medication (s) currently used

I certify that the above statements are true and accurate.

Signed _____ (Applicant) Date _____

Doctor's initials

Renewing your COMPETITION DRIVER'S license:

- Provide a current medical on SWMS form or other recognized racing club form, eg. SCCA, PCA Club Racing, RMVR, VMC, etc.
- Provide a current 'Applicant Medical evaluation form'
- Photo, if you wish a change from last time
- Present copy of expiring license and current paid membership.
- Statement or timing sheets of completion of one race during the last two seasons. (Should be in Logbook)
- License fee is \$10.00 per renewal

Forms may be obtained from the website www.swms.org phone call to Janice @345-6235; fax request (505)345-1180; or e-mail—jswope32@msn.com

PLEASE RENEW YOUR LICENSE 2 WEEKS BEFORE RACE DATE SO THAT IT CAN BE RETURNED TO YOU VIA U.S.MAIL.

Your Competition license is good for 2 years and renews at the expiration of your medical.