ราชยานยนต์สมาคมแห่งประเทศไทย ในพระบรมราชูปถัมภ์

รายงานการตรวจร่างกายนักแข่ง

(Annual Medical Examination / Use for National Competition License only)

Name-Family name ..... Age .....Years

Date Of Birth.....Blood Group. ..... Weight ..... kgs. Height ..... cms.

Allergic Disorder yes no

Details : ……

Details of Medical Examination

1. Blood Pressure systolic: ..... diastolic: .....
2. ECG (over 45 years old age).....

Abnormal finding (resting)	yes	no
3. Eye Sight	Lt :	Rt :
- Visual acuity	/	/
- correction available (glasses/contact lenses)	yes	no
- colour blindness (red-green / total colour)	yes	no
4. Chronic Disease	yes	no
- diabetes mellitus	…..	…..
- epilepsy	…..	…..
- occlusion of peripheral artery (arms)	…..	…..
- occlusion of peripheral artery (legs)	…..	…..
- alcohol	…..	…..
- drug …..	…..	
5. Physical Disorder	Lt :	Rt :
- upper extremities	yes / no	yes / no
-lower extremities	yes / no	yes / no
-hands and fingers	yes / no	yes / no
6. Past History :	yes	no

details : ……

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Date of clinical examination : ……

Name of Doctor :……..

Medical License no. :…… Signature :……..…….

Name of Clinic or Hospital and stamp :……

Phone no, :.....