



HEALTH CERTIFICATION FOR PARTICIPATION IN VSCCA WHEEL TO WHEEL EVENTS

Instructions to Applicant

Since the inception of our club, the VSCCA has avoided the requirement of proof of an annual physical examination in order to participate in our wheel to wheel events. In the past, we depended on each member of our club to certify themselves with regard to their physical and mental ability to participate in such events.

It is our desire to keep up with methods to protect all those who race in wheel to wheel events. Given the advances in medicine and the serious repercussions of racing in our present day, the VSCCA now requires that a physician certify your state of health in order for you to participate in our wheel to wheel speed events.

The medical form on the following page must be completed and signed by your physician. **PLEASE, PRINT YOUR NAME AND ADDRESS AND VSCCA PERMANENT NUMBER LEGIBLY PRIOR TO GIVING THE FORM TO YOUR PHYSICIAN.** One copy should be kept by you and the other should be mailed to the the head of the DQC, Charles Bordin. In lieu of this form, you may send proof that you have fulfilled a medical examination for another racing organization in order to receive a validation sticker.

Once your medical form is received and verification that your dues have been paid, a validation sticker will be mailed to you. Please place it on the back of your membership card. Present your validated membership card to the Event Chair at the time of registration at each wheel to wheel event you participate in so please have it with you. Keep your validated membership card in a secure place so you are able to show it when required.

We have been, and always will be, a club of friends. Irrespective of your yearly examination, your fellow members would always trust that, should your health status abruptly change during the racing season, you would remove yourself from wheel to wheel events until such time as your health permits safe participation.

NB. IF YOU DO NOT PRESENT YOUR CURRENT YEAR'S, VALIDATED VSCCA MEMBERSHIP CARD TO THE EVENT CHAIRMAN AT THE TIME OF A WHEEL TO WHEEL EVENT REGISTRATION, YOU MAY BE DENIED PARTICIPATION. WE SUGGEST YOU LAMINATE YOUR MEMBERSHIP CARD.



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Dear Doctor, You are being asked to certify the overall health of the applicant's capacity to deal with the stresses of wheel to wheel activity in a vintage car with the Vintage Sports Car Club of America at the time of this examination. "Wheel to Wheel Activity" is defined as driving a vintage automobile on a race track at the same time other vintage cars are being driven and where a driver could :

- Have the physical and mental capacity to operate the mechanical systems of a car
- Have distance vision correctable to 20/30
- Possess standard depth of perception
- Possess the ability to distinguish basic colors
- Have peripheral vision to 70° in the horizontal for each eye
- At the time of this examination, have a minimal chance of sudden incapacitation as a result of any disease or drug therapy for ongoing treatment of stable chronic disease
- Operate a vehicle in conditions where high ambient temperatures could exist
- Operate a vehicle in which conditions of fumes, noxious vapors, and dust could exist
- Operate a vehicle in conditions where loud noise levels exist
- Operate a vehicle in conditions where elevated G forces could occur

Please discuss with your patient what testing you believe, if any, is needed to certify this applicant at the time of your examination. Note the expiration date. As a guide, most individuals without health issues have medicals valid for 26 months but the length between certification periods is up to you.

Applicant's Name and Address _____

VSCCA Number _____

Physician - Print _____

Physician's Address _____

State _____

Zip Code _____

Physician's Telephone Number _____

As a licensed physician in the state of _____, I do hereby certify that, at the time of this examination, the above named applicant is both physically and mentally able to reasonably perform the activity as defined above.

Signed: _____ Date ____/____/____

Date Expires ____/____/____

Mail to Charles Bordin • 9 Leatherstocking Lane, Scarsdale, NY, 10583