

**APBA  
Vintage Division  
Medical History & Physical Exam Form**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

In the event of Emergency Contact: \_\_\_\_\_

1. Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Any vehicle mishaps in previous year?  Yes  No

**Allergies:** \_\_\_\_\_  
\_\_\_\_\_

**Medicines:** \_\_\_\_\_  
\_\_\_\_\_

**Medical Conditions:** \_\_\_\_\_  
\_\_\_\_\_

Hospitalizations:	Reason	Approximate Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Previous Operations:** \_\_\_\_\_  
\_\_\_\_\_

**Current Symptoms:**

Syncope (fainting)  Yes  No

Seizures  Yes  No

Vertigo (dizziness)  Yes  No

Decreased hearing  Yes  No

**Numbness:**

Arms  Yes  No

Legs  Yes  No

Irregular heart beat  Yes  No

Chest Pain  Yes  No

Asthma  Yes  No

Vision change  Yes  No

**Paresis (significant weakness)**

Arms  Yes  No

Legs  Yes  No

# Physical Exam

## Vital Signs:

\_\_\_\_\_: Pulse

\_\_\_\_\_/\_\_\_\_\_: BP

\_\_\_\_\_: Respiratory Rate

## Eyes:

Binocular vision:  Yes  No

Distance vision: \_\_\_\_\_/\_\_\_\_\_ With Correction: \_\_\_\_\_/\_\_\_\_\_

## Ears:

Hearing intact: R:  Yes  No L:  Yes  No (whispered voice @ 5 feet)

## Balance:

Heel to toe walk: \_\_\_\_\_

Index to nose eyes closed: \_\_\_\_\_

Rapid alternating movements: \_\_\_\_\_

Balance eyes closed: \_\_\_\_\_

Neck Motion: R: \_\_\_\_\_ L: \_\_\_\_\_ Down: \_\_\_\_\_

## Carotids:

Pulse: R: \_\_\_\_\_ L: \_\_\_\_\_

Bruit: R: \_\_\_\_\_ L: \_\_\_\_\_

Hand Grip Symmetrical & Strong:  Yes  No

Ability to squat and stand:  Yes  No

Stand on tiptoes:  Yes  No

Cardiac Irregularities: \_\_\_\_\_

If so, currently treated  Yes  No

Abdominal aneurysm:  Yes  No

I certify that I have examined \_\_\_\_\_ and with knowledge of vintage hydroplane driving requirements, I find this person is physically capable.

Signature of Medical Examiner: \_\_\_\_\_

Printed Name of Medical Examiner: \_\_\_\_\_ Title: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_