

MOTOR SPORTS SINGAPORE
ANNUAL MEDICAL EXAMINATION

MEDICAL FORM

2026

Applicant's full name: _____

Address: _____

Date of Birth: _____ Nationality: _____ Blood Group _____
(Must be filled in)

Medical Information

Vision	Right eye	Left eye
Uncorrected	6 /	6 /
Corrected	6 /	6 /

Height	(cm)
Weight	(kg)
Blood Pressure	/

1. Is there any evidence of abnormality of the heart or cardiovascular system?
If 'yes', give details below. Yes No
2. Is there any evidence of a physical or mental condition in the applicant's medical history?
If 'yes', give details below. Yes No
3. Has the applicant suffered from epilepsy, seizures or any other neurological conditions?
If 'yes', give details below. Yes No
4. Does the applicant have any physical abnormality or restriction of movement in the arms or legs?
If 'yes', give details below. Yes No
5. Is there any reason why the applicant should not participate in motorsport?
If 'yes', give details below. Yes No

If you have ticked "YES" to any of the questions above, please provide further details in the box below:

Doctor's comments:

Date	Doctor's Signature / Clinic Stamp	ASN Stamp