**SRI LANKA AUTOMOBILE SPORTS**

**33, Torrington Place, Colombo 07. Contact: Tel/Fax 011 2 670051 / 077 8915848**

**MEDICAL EXAMINATION REPORT.**

**NAME OF THE MEDICAL INSTITUTION: ………………………………………………………………………..**

**ADRESS: ………………………………………………………………………………………………….**

**CONTACT NO: ……………………………………………………………………………………………..**

Name of the person examining: …………………………………………………………………………..Age:……………..Sex……………………..

Passport / ID No…………………………………..Report No………………………………

Height……………………………..Weight…………………………

**EXAMINATIONS INVESTIGATION**

Vision: R6 / L6/

 Color Vision ………………………………..

 Varicose Veins …………………………

1, General

 Breasts (lumps) ………………………

 Hernia ………………………………….

 Skin…………………………………………..

2. Cardio vascular: B P ………………………

 Pulse……………………

 Heart…………………..

3. Respirator: Rate - ……………………..

 Lungs - ……………………

4. Abdomen: Liver………………………….

 Spleen………………………

 Other……………………….

|  |
| --- |
|  **OPINION – HEREBY CONFIRM THAT HE/SHE IS FIT / NOT FIT - FOR MOTOR RACING** |

SPECIMEN SIGNATURE OF MEDICAL EXAMINER: …………………………………………

THE PERSON EXAMINED.

 SIGNATURE: ……………………………………………

…………………………………….. DATE: ……………………………………