



INTERNATIONAL HOT ROD ASSOCIATION
 300 CLEVELAND ROAD
 NORWALK, OHIO 44857
 PHONE: 419-663-6666 FAX: 419-668-6601

NEW ZEALAND MEDICAL PHYSICAL FORM

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Required for all competitors applying for a class B, C or D license.

THIS IS TO CERTIFY THAT I HAVE COMPLETED A MEDICAL EXAMINATION ON THE APPLICANT WHOSE INFORMATION IS LISTED ABOVE AND IN MY OPINION IS FIT TO DRIVE/RIDE AND PARTICIPATE IN DRAG RACING EVENTS IN NEW ZEALAND.

DOCTOR'S SIGNATURE:.....DATE.....

DOCTORS QUALIFICATIONS:.....

THIS CERTIFICATE IS VALID FOR THREE YEARS FROM DATE LISTED ABOVE



Doctor's Identification Stamp

- There should be no past relevant history of any illness which would prohibit the candidate from competition.
- The applicants vascular system is within normal limits based upon age and physical characteristics.
- The applicant has no restrictions from controlled movement of shoulders, elbows, wrists, and hands.
- The applicant urine must be free of excessive sugar.
- The applicant must be able to clearly distinguish red, yellow, and blue and have adequate field of vision for both eyes.