ANNUAL MEDICAL EXAMINATION       In [Indextormation]         1. [Height and Weight]       Upper extremities       Normal Abnormal (Lt/Rt)         Height :       cm       Weight :       kg         Height :       cm       Weight :       kg         Blood group       Rh       Blood group       Normal Abnormal (Lt/Rt)         Blood pressure       Systolic :       Diastolic:       S         3. [Eye Sight] (*)       Ut:       Rt:       S         Visual acuity       Lt:       Rt:       S       [daty] / (month)/ (vear)         Color vision       Normal Abnormal       Lt:       S       [day)/ (month)/ (vear)         Visual field       Normal Abnormal       Date of clinical examination:       Signature or stamp of doctor:         12-lead electrocardiogram (ECG)       Normal Abnormal       Name of clinic or hospital:       Signature or stamp of doctor:         12-lead electrocardiogram (ECG)       Normal Abnormal       Name of clinic or hospital:       Phone:
Height:       cm       Weight:       kg       Hands and fingers (gropping function in both hands is unimpared)       Normal Abnormal (Lt/Rt)         2. [Blood]       Blood group       Rh       Blood pressure       Systolic:       Diastolic:       8. [Medication] (*)       •         3. [Eye Sight] (*)        Diastolic:       8. [Medication] (*)       •
2. [Blood]       Details:         Blood group       Rh         Blood pressure       Systolic:         Diastolic:       Diastolic:         3. [Eye Sight] (*)       *Diastolic:         Visual acuity       Lt:         After correction       Lt:         *Before or after correction, at least 0.9 for each eye, or 0.8 for one eye and 1.0 for the other.       (day)/ (month)/ (year)         Color vision       Normal Abnormal         Visual field       Normal Abnormal         Stereoscopic vision       Normal Abnormal         4. [ECG] (*)       Signature or stamp of doctor:         12-lead electrocardiogram (ECG)       Normal Abnormal         Kercise Tolerance Test (ETT, 60 and over)       Normal Abnormal
Blood group Rh   Blood pressure Systolic:   Diastolic:   3. [Eye Sight] (*)   Visual acuity   Lt:   After correction   Lt:   Rt:   Ofor vision   Normal Abnormal   Stereoscopic vision   Normal Abnormal   Exercise Tolerance Test (ETT, 60 and over)   Normal Abnormal
Blood pressure       Systolic :       Diastolic:       * Diabetes being treated with insulin or sulfonylureas, on condition that a confidential document proving the regular supervision of the party concerned and indicating the nature of his treatment is submitted to the medical body approved by JAF.         After correction       Lt:       Rt:       9. [Date of the last anti-tetanus vaccination]         * Before or after correction, at least 0.9 for each eye, or 0.8 for one eye and 1.0 for the other.       (day)/ (month)/ (year)         Color vision       Normal Abnormal (red-green/total color)       10. [Comments of doctor]         Visual field       Normal Abnormal       Date of clinical examination:         Stereoscopic vision       Normal Abnormal       Date of clinic or hospital:         12-lead electrocardiogram (ECG)       Normal Abnormal       Name of clinic or hospital:         Exercise Tolerance Test (ETT, 60 and over)       Normal Abnormal       Phone:
3. [Eye Sight] (*)       regular supervision of the party concerned and indicating the nature of his treatment is submitted to the medical body approved by JAF.         After correction       Lt: Rt:       9. [Date of the last anti-tetanus vaccination]         * before or after correction, at least 0.9 for each eye, or 0.8 for one eye and 1.0 for the other.       (day)/ (month)/ (year)         Color vision       Normal Abnormal (red-green/total color)       10. [Comments of doctor]         Visual field       Normal Abnormal       Date of clinical examination:         Stereoscopic vision       Normal Abnormal       Date of clinical examination:         12-lead electrocardiogram (ECG)       Normal Abnormal       Normal Abnormal         Exercise Tolerance Test (ETT, 60 and over)       Normal Abnormal       Phone:
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Date of examination: (day)/ (month)/ (year) The information given to the doctor regarding my present state of health and previous medical history is correct.
Details:
*ECG: 59 or under are within the last 36 months /60 or over are within the last 12 months.
*ETT: 60 or over are within the last 12 months.
5. [Past history/Infection/Chronic Disease] - from a medical point of view, including any medication being taken for more than three weeks,
Epilepsy Yes No - from a traumatology point of view, whether or not the accident is followed by a period off work and whether or
Cardiac disease Yes No not it is linked to the practice of motor sport.
Others/details
6. [Allergic Disorder]       yes()       no         License No:
Date of Birth: <u>(day)/ (month)/ (year)</u> National: