

ANNUAL MEDICAL EXAMINATION

下線部：変更箇所

1. 【Height and Weight】

Height : _____ cm Weight : _____ kg

2. 【Blood】

Blood group _____ Rh _____

Blood pressure Systolic : _____ Diastolic: _____

3. 【Eye Sight】 (*)

Visual acuity _____ Lt: _____ Rt: _____

After correction _____ Lt: _____ Rt: _____

* Before or after correction, visual acuity of at least 0.67 in both eyes, or a combined visual acuity of 1.00.

Color vision _____ Normal Abnormal (red-green/total color)

Visual field _____ Normal Abnormal

Stereoscopic vision _____ Normal Abnormal

4. 【ECG】 (*)

12-lead electrocardiogram (ECG) _____ Normal Abnormal

Exercise Tolerance Test (ETT, 60 and over) _____ Normal

Abnormal

Date of examination: _____ (day)/ _____ (month)/ _____ (year)

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】

Epilepsy Yes No

Cardiac disease Yes No

Others/details: _____

6. 【Allergic Disorder】 yes(_____) no

7. 【Musculoskeletal System】

Upper extremities _____ Normal Abnormal (Lt/Rt)

Lower extremities _____ Normal Abnormal (Lt/Rt)

Hands and fingers (gripping function in both hands is unimpaired) _____ Normal Abnormal (Lt/Rt)

Details: _____

8. 【Medication】 (*) _____

* 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.

9. 【Date of the last anti-tetanus vaccination】

_____ (day)/ _____ (month)/ _____ (year)

10. 【Comments of doctor】

Date of clinical examination: _____

Signature or stamp of doctor: _____

Name of clinic or hospital: _____

Phone: _____

The information given to the doctor regarding my present state of health and previous medical history is correct.

I undertake not to use any substance included on the World Anti-Doping Agency list of prohibited substances and methods.

I undertake to advise my ASN without delay of any significant change in my state of health:

- from a medical point of view, including any medication being taken for more than three weeks,

- from a traumatology point of view, whether or not the accident is followed by a period off work and whether or not it is linked to the practice of motor sport.

Driver's signature: _____

License No: _____ - _____ - _____

Date of Birth: _____ (day)/ _____ (month)/ _____ (year)

National: _____