



**Medical Report**

Last Name		First Name		Personal ID/ Licence Number	
Street Address				City and Zip Code	
Telephone			E-Mail		

Weight	Height	Blood Group	Blood Pressure	fP-Gluc
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For patient under 45 years, resting EKG and from 45 years on stress EKG every two years.

Done in year \_\_\_\_\_ Normal/Deficient

Heart auscultation	Normal/Abnormal	Lung auscultation	Normal/Deficient
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Must use glasses while driving No  Yes

Vision without glasses	Right	Left	Comb	Ishihara	Normal/Deficient
Vision with glasses	Right	Left	Comb	Stereo vision	Normal/Deficient

Vision field comb > 120 deg. Normal/Deficient

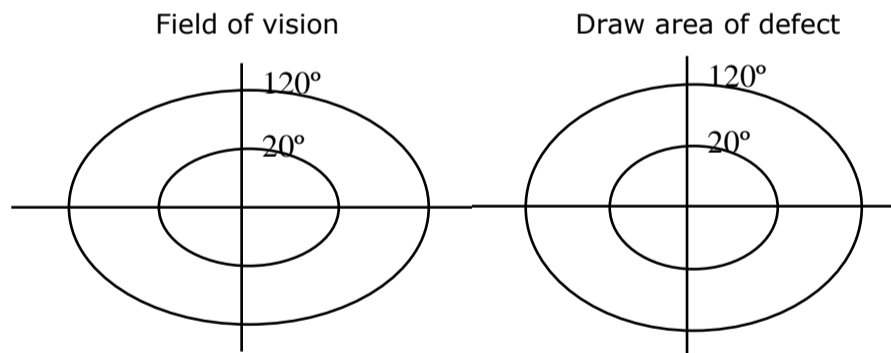
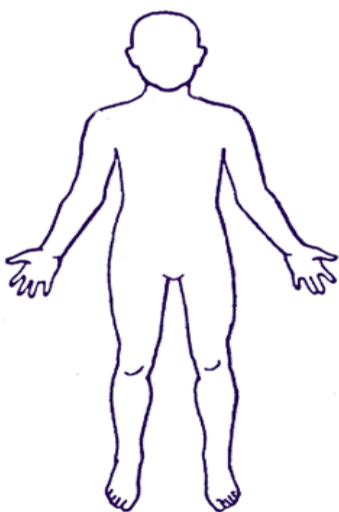
Central vision field without scomata 20 degrees Normal/Deficient

Nystagmus	Normal/Deficient	Romberg standing	N/D	Hearing > 5 m	Right	N/D	Left	N/D
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Vaccinated against tetanus? No  Yes  When? \_\_\_\_\_

Permanent medication No  Yes  Which? \_\_\_\_\_

- \*Functionality of extremities Normal/Deficient
- \*Impaired functionality of extremities > 50% Yes / No
- \*Hand grip strength Normal/Deficient
- \*Amputated extremities Yes / no Where? Draw into picture.
- \*Impaired functionality or amputation of extremities Draw into picture.



It is my opinion that a competition licence can be issued for the examined person. Yes  No   
Date and Place \_\_\_\_\_

Physican`s signature \_\_\_\_\_