Bluegrass Community & Technical College
HIGHER EDUCATION BEGINS HERE

NARA
NORTH AMERICAN RACING ACADEMY

Pre-Participation Physical Examination Report

To be completed, signed and dated by applicant's physician

Date: _____

Applicant Name: _____ SS#: _____

Height: _____ Weight: _____Lbs. Underweight/Overweight?: _____

Percentage of Body Fat (BMI): _____ Remarks: _____

_____

General Appearance: _____

_____

Hearing: _____ Hearing Aid(s) Necessary? _____

Vision: (Left) _____ (Right) _____

Vision with Corrective Lenses: (Left) _____ (Right) _____

Urinalysis: _____ Protein: _____ Sugar: _____Blood: _____

Blood Type: _____

Eyes: _____ Nose: _____ Head: _____ Ears: _____ Throat: _____

Thyroid: _____ Sinuses: _____ Mouth: _____ Lymph Nodes: _____

Neurological: _____ Chest / Breasts: _____

Continued….

Heart

BP (at rest): _____ BP (post exercise): _____HR (rest): _____ HR (post exercise): _____

Rhythm: _____ Remarks: _____

_____

Lungs: _____ Abdomen (any tenderness?): _____

Genito-Urinary: _____ Extremities / Reflexes: _____

Feet: _____ Joints: _____

Family History (any relevant health problem): _____

_____

Father's Height: _____ Weight: _____ Mother's Height: _____ Weight: _____

Mental Health

Any history of psychological difficulties, treatment, and recommendations?: _____

_____

Physician's Remarks

Should this applicant be restricted in physical activities or be restricted from riding a race horse due to any pre-existing conditions, injuries or other?

No: _____

Yes: _____ Why?: _____

_____

Continued….

Follow-Up

Final Recommendations: _____

_____

_____

Should this applicant be restricted from participating in the North American Racing Academy?

No: _____

Yes: _____ if yes, please explain:

Physician's Signature: _____ ID#: _____

Print Name: _____ Date: _____

Address: _____ Phone: ( ) -

(Please affix name stamp or attach RX with your signature).

For Additional Information, please contact:

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