



BAHRAIN MOTOR FEDERATION | BMF

MEDICAL TEST EXAMINATIONS MOTOR SPORT COMPETATOR

DATE : _____

FULL NAME: _____

AGE: _____ GENDER: MALE / FEMALE

CPR NO: _____ NATIONALITY: _____

Allergies	
Medication	
P.M.H.	
Surgeries	
Blood Pressure	
Heart Rate	
Oxygen Saturation	
Chest Exam	
Heart Exam	
Abdominal Exam	
C.N.S. Exam	
M.S.K. Exam	
Vaccination	
Blood Group	
Smoker	
Eye Exam	
Color Blindness	YES () NO()

DR. Comments : _____

Physician Name: _____

Location: _____ Signature: _____

THIS REPORT MUST BE STAMPED BY AN OFFICIAL
MEDICAL CENTER / HOSPITAL