



BAHRAIN MOTOR FEDERATION BMF

MEDICAL TEST EXAMINATIONS
MOTOR SPORT COMPETATOR

DATE:.....

FULL NAME:.....

AGE:..... GENDER: Male / Female

ID 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:.....
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Physician Name:.....

Location:..... Signature:.....

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