PHYSICAL EXAM FOR POWER BOAT MEDICAL CLEARANCE

Do Not Return this form, KEEP FOR YOUR RECORDS

AMERICAN POWER BOAT ASSOCIATION

APPLICANT'S FULL NAME AND ADDRESS

Name: _____

Address: _____

_____

_____

_____

PHYSICAL EXAMINATION
INSTRUCTIONS FOR MEDICAL PHYSICIAN AND APPLICANT

1. This medical certificate must be completed by an M.D., D.O., PA, or N.P
2. This examination is for medical clearance to be allowed to race
3. M.D. or D.O. must sign medical history information.
4. Record your medical findings.
5. Keep this form on file in your office.
6. Second page of this form to be completed in full. If unable to complete or obtain any findings, refer patient to a second physician and attach any supplements.
7. **M.D. or D.O. must sign second page of this form.**
8. Application and attachments **must** be in English.
9. EKG and Stress test required at age 50 and older
10. Return completed original form to applicant. Copies not accepted.
11. Medical Clearance MUST be obtained EVERY YEAR
12. Any matter, including without limitation any conditions or medications, in this examination may be referred to an ABPA medical consultant for review, and may be cause for rejection.

MEDICAL HISTORY (This should include any and all changes within the last year.)

HAVE YOU EVER HAD OR HAVE NOW ANY OF THE FOLLOWING: *(For each "yes" checked, describe and date condition in remarks)*

Yes	No	Condition	Yes	No	Condition	Yes	No	Condition	Yes	No	Condition
		a. Frequent or severe headaches			g. Heart trouble/Pacemaker			m. Nervous trouble of any sort			s. Medical rejectionfrom or for military service
		b. Dizziness or faintingspells (If yes, circl one			h. High or low blood pressure			n. Any drug or narcotic habit			t. Rejection for life insurance
		c. Unconsciousness for any reason			i. Stomach trouble			o. Excessive drinking habit			u. Admission to hospital
		d. Eye trouble except glasses			j. Kidney stone or blood in urine			p. Attempted suicide			v. D.U.I.
		e. Asthma/Hay fever			k. Sugar or albumin in urine/Diabetes			q. Motion sickness requiring drugs			w. Alcohol/Drug convictions
		f. History of fractures			l. Epilepsy or fits/Seizures			r. Military medical discharge			x. Other illnesses

REMARKS: ***(For each "yes" checked, describe and date condition)***

MEDICAL TREATMENT INCLUDING SURGICAL PROCEDURES WITHIN THE LAST 5 YEARS (continue on additional page if necessary)

DATE	NAME AND ADDRESS OF PHYSICIAN CONSULTED	REASON

APPLICANT'S CERTIFICATION, AFFIRMATION & AGREEMENT: I hereby certify that all statements and answers provided by me in this examination form are true and complete, and I agree that they are to be considered part of the basis for issuance of any APBA certificate or license to me. I understand and agree that if I give any untruthful information on this form, I forfeit any and all privileges to participate in any and every aspect of the sport of boat racing. I affirm that I have read, understand and agree to be bound by all APBA rules, regulations and agreements including, but not limited to, those contained in the applicable APBA Rulebook, with specific reference, but not limited to the rules regulations and agreements contained in the Administration Procedures and Appeals Section of the applicable Rulebook which are incorporated herein by reference. I know that the APBA Rulebook, including amendments, is available to me online. I agree that participation in any and every aspect of the sport of boat racing is a privilege, not a right, and I wish to participate in accordance with all of the foregoing. I further affirm all of the following: Boat racing is a dangerous sport. There is no such thing as a guaranteed safe boat race. Boat racing always carries with it the risk of serious injury or death in any number of ways. This risk will always exist no matter how much everyone connected with boat racing tries to make our sport safer. Although APBA works to promote and enhance the safety of the sport, there are no guarantees that such safety measures will guarantee or ensure my safety. I as the participant always have the responsibility for my own safety, and by participating in boat racing, I am accepting all risks of injury, whether due to negligence, vehicle failure,etc.

	SIGNATURE OF APPLICANT (In ink)	DATE

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APPLICANT'S NAME _____

AGE	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX

REPORT OF MEDICAL EXAMINATION (Please type or print)

NOR-MAL	CHECK EACH ITEM IN APPROPRIATE COLUMN (Enter NE if not evaluated)	AB-NOR-MAL	NOTES: Describe every abnormality in detail. Enter applicable item number before each comment. Use additional sheets if necessary and attach to this form.
	1. Head, face, neck and scalp		
	2. Nose		
	3. Sinuses		
	4. Mouth and throat		
	5. Ears, general		
	6. Drums (perforation)		
	7. Eyes, general (Visual acuity under items 27, 28 & 29)		
	8. Ophthalmoscopic		
	9. Pupils (Equality and reaction)		
	10. Ocular motility (Associated parallel movement, nystagmus)		
	11. Lungs and chest (Breasts exam only if clinically indicated or requested)		
	12. Heart (Precordial activity, rhythm, sounds and murmurs)		
	13. Vascular system (Pulse, amplitude and character; arms, legs, others)		
	14. Abdomen and viscera (Including hernia)		
	15. Anus and rectum (Digital exam only if clinically indicated or requested)		
	16. Endocrine system		
	17. G-U system (Pelvic exam only if clinically indicated ar requested)		
	18. Upper and lower extremities (Strength and range of motion)		
	19. Spine, other Musculoskeletal		
	20. Identifying body marks, scars, tattoos		
	21. Skin and Lymphatics		
	22. Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves, coordination, et	.)	
	23. Psychiatric (Appearance, behavior, mood, communication and memory)		
	24. General systemic		

25. BLOOD PRESSURE (Sitting MM Mercury)

Systolic	Diastolic

26. HEART RATE

Resting Pulse

27. FIELD OF VISION (Peripheral)

29. Corrective Lens REQUIRED While Driving
*If previously "Yes," please include an explanation of the change.
NO*_____YES_____

28. DISTANT VISION (Must have BOTH findings)

	UNCORRECTED	CORRECTED
Right Eye	20/	20/
Left Eye	20/	20/
Both Eyes	20/	20/

30. URINALYSIS

SUGAR	ALBUMIN/PROTEIN	BLOOD
☐ NO ☐ YES	☐ NO ☐ YES	☐ NO ☐ YES

[redacted]

31. OTHER TESTS

32. DISQUALIFYING DEFECTS/LIMITATIONS

33. COMMENTS ON HISTORY AND FINDINGS, RECOMMENDATIONS **INCLUDE SPECIFIC MEDICAL CONDITION AND MEDICATIONS CURRENTLY PRESCRIBED)**

34. EKG ***CURRENT EKG REQUIRED AT AGE 50 AND OLDER, must be no older than one year, does not reflect any abnormalities that would preclude the patient from racing. ATTACH all findings, consults, ECG, X-rays, etc. to this report before returning)***

34.a EKG (Date)

MM	DD	YY

☐ NORMAL
☐ ABNORMAL
******ANY HEART TROUBLE HISTORY MUST SUBMIT RECENT EKG AND APBA CARDIOLOGIST RELEASEFORM 2023-1******

DATE OF EXAMINATION	MEDICAL PHYSICIAN(MD/DO ONLY) SIGNATURE	MEDICAL PHYSICIAN (MD/DO ONLY) NAME, TITLE, ADDRESS & PHONE (Type or print)

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MEDICAL HISTORY FORM

Physician Evaluators, KEEP A COPY OF THIS FOR YOUR RECORDS

DO NOT RETURN THIS FORM TO APBA

Athlete's full name: _____ Date of birth: _____

Age: ____ Sex: _____ Address: _____

Contact number: _____ Email address: _____

Sport: _____

Date of form submission: _____

Questions	Yes	No
1. Has a doctor ever restricted/denied your participation in sports?	☐	☐
2. Have you ever been hospitalized or spent a night in a hospital?	☐	☐
3. Have ever had surgery?	☐	☐
4. Do you have any ongoing medical conditions (like Diabetes or Asthma)?	☐	☐
5. Are you presently taking any medications or pills (prescription or over-the-counter?	☐	☐
6. Do you have any allergies (medicine, pollens, foods, bees or other stinging insects)?	☐	☐
7. Have you ever passed out during or after exercise?	☐	☐
8. Have you ever been dizzy during or after exercise?	☐	☐
9. Have you ever had chest pain or discomfort in your chest during or after exercise?	☐	☐
10. Do you tire more quickly than your friends during exercise?	☐	☐
11. Have you ever had high blood pressure?	☐	☐
12. Have you ever been told that you have a heart murmur, high cholesterol, or heart infection?	☐	☐
13. Have you ever had a racing of your heart or skipped heartbeats?	☐	☐
14. Has anyone in your family died of heart problems or sudden death before age 50?	☐	☐
15. Does anyone in your family have a heart condition?	☐	☐
16. Has a doctor ever ordered a test on your heart (EKG, echocardiogram)?	☐	☐
17. Do you have any skin problems (itching, rashes, staph, MRSA, acne)?	☐	☐
18. Have you ever had a head injury or concussion?	☐	☐

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Questions	Yes	No
19. Have you ever been knocked out or unconscious?	☐	☐
20. Have you ever had a seizure?	☐	☐
21. Have you ever had a stinger, burner, pinched nerve, or loss of feeling, or weakness in your arms or legs?	☐	☐
22. Have you ever had heat or muscle cramps?	☐	☐
23. Have you ever been dizzy or passed out in the heat?	☐	☐
24. Do you have trouble breathing or do you cough during or after activity?	☐	☐
25. Do you take any medications for asthma (for instance, inhalers)?	☐	☐
26. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)?	☐	☐
27. Have you had any problems with your eyes or vision?	☐	☐
28. Do you wear glasses or contacts or protective eyewear?	☐	☐
29. Have you had any other medical problems (infectious mononucleosis, diabetes, infectious diseases, etc.)?	☐	☐
30. Have you had a medical problem or injury since your last evaluation?	☐	☐
31. Have you ever been told you have sickle cell trait?	☐	☐
32. Has anyone in your family had sickle cell disease or sickle cell trait?	☐	☐
33. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? ☐ Head ☐ Back ☐ Shoulder ☐ Forearm ☐ Hand ☐ Hip ☐ Knee ☐ ☐ Neck ☐ Chest ☐ Elbow ☐ Wrist ☐ Finger ☐ Thigh ☐ Shin ☐	☐	☐
34. Are you pregnant or could you be pregnant?* _____ 35. When was your last menstrual period? _____		
36. Medications currently taking:		

*

***Disclaimer: We do not recommend racing if you are pregnant or could be pregnant.**
Please note that your physician will ask you about the items you answered Yes to during the examination.

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Signature of athlete: _____ Date: _____

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Cardiology Release for APBA Certification

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Cardiovascular Guidelines:

A person is not considered safe to operate a powerboat if that person has a current clinical diagnosis of myocardial infarction, angina, coronary insufficiency, thrombosis, or cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive heart failure. They must have an ejection fraction of 40% or greater.

During the evaluation of your patient, it has become necessary to gather more information on their current health status with regards to heart disease. We are requesting information from you, the cardiologist, to clear your patient to be able to safely operate a powerboat.

Statement of Cardiologist

Patient is under my care for:

- o Post Myocardial Infarction
- o With Angina Pectoris
- o After Coronary Artery Bypass Surgery
- o Dysrhythmias
- o Pacemaker
- o Cardiomyopathy
- o After Percutaneous Transluminal Coronary Angioplasty (PTCA)
- o Other_____

I have read and understand the attached guidelines pertaining to cardiovascular disease. I verify that the above-named individual has no current clinical diagnosis of acute myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or significant peripheral vascular disease. He/she has had no recent syncope, dyspnea, collapse, or congestive heart failure. He/she is hemodynamically stable and in no imminent risk of syncopal episode or other symptoms that would affect his/her ability to safely operate a powerboat. I verify that the stress test (if required by these guidelines) is normal. I also verify that the LVEF (where required), is 40% or greater.

APBA Guidelines for Certification Related to Cardiovascular Disease

Definitions: EST (exercise stress test); TST (thallium stress test); Negative EST (<1mm ST depression or elevation and no sign of dysrhythmia, <40mm rise in systolic BP); LVEF (left ventricular ejection fraction).

Certification after Myocardial Infarction

- At least 2 months post infarction
- Examination and clearance by a cardiologist
- Asymptomatic
- Post MI resting LVEF of 40% or greater.
- Tolerance to cardiovascular medications
- Negative EST within past 2 years achieving greater than 6 METS, and no ischemic changes on resting ECG.

Certification with Angina Pectoris

- Normal EST at a minimum of every 2 years
- Normal resting ECG
- No angina at rest or change in angina pattern within 3 months of exam.

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Certification after Coronary Artery Bypass Surgery

- At least 3 months post-surgery
- Resting Echocardiogram with LVEF of 40% or greater after CABG
- Asymptomatic
- Tolerance to cardiovascular medications
- EST is not required before returning to racing.
- Yearly EST is recommended (Radionuclide stress testing or echocardiographic imaging is indicated if the EST or resting ECG are abnormal)

Certification after Percutaneous Transluminal Coronary Angioplasty (PTCA)

- At least 1 week post PTCA
- Tolerance to cardiovascular medications
- Asymptomatic without angina
- Complete healing of the vascular access site
- No ischemic ECG changes.
- Normal EST at a minimum of every 2 years and/or Normal EST 3-6 months following PTCA

Certification with Supraventricular Tachycardias (Atrial Fibrillation, Atrial Flutter, Atrial Tachycardia, AVNRT, AVRT, WPW)

- Asymptomatic
- If indicated, Anticoagulated adequately for at least one month.
- If indicated, Anticoagulation monitored by at least monthly INR.
- Adequate rate/rhythm control
- Atrial Flutter: all the above; plus, Ablation performed more than one month ago, Arrhythmia successfully treated, Cleared by electrophysiologist.

Certification with Pacemaker

- Asymptomatic
- Documented pacemaker checks
- For Sinus Node Dysfunction and Atrioventricular (AV) Block: Pacemaker implanted one month or more ago.
- For Neurocardiogenic Syncope and Hypersensitive Carotid Sinus with Syncope: Pacemaker implanted 3 months or more ago.

Certification with Cardiomyopathy

- Asymptomatic
- LVEF >40

YOU MUST RETURN THIS FORM TO BE CLEARED TO RACE

Return This Form 2023-1:

American Power Boat Association Attn: Becky Nichols
2701 Lake Myrtle Park Rd.
Auburndale, FL 33823
apbahq@apba.org

Athlete's name_____RACING TEAM_____
EKG CURRENT EKG REQUIRED AT AGE 50 AND OLDER, must be no older than one year, does not reflect any abnormalities that would preclude the patient from racing.
EKG (Date) _____

- NORMAL
- ABNORMAL

ANY CARDIAC HISTORY MUST SUBMIT RECENT EKG AND APBA CARDIOLOGIST RELEASE FORM 2023-2

MEDICAL PHYSICIAN/D.O. DECLARATION: I hereby certify that I personally examined the applicant named in this medical report and that this report and any attachment embodies my findings completely and correctly. I have also reviewed the medical history on the second page of this form and will keep a copy on file in my office.

□ I certify that above applicant IS MEDICALLY CLEARED TO RACE

□ I recommend that the above applicant has concerning cardiac or other medical history and needs Cardiologist or Specialist Clearance. (Use form **2023-2)**

□ I recommend that the participant NOT participate. Information other than what is requested is also greatly appreciated.

Print Physician Name _____Fax# _____
Physician's Signature _____Date _____
Address _____Phone _____
City and State _____Zip Code _____

MEDICAL RECORDS RELEASE AUTHORIZATION I give permission to release any medical information that may be beneficial to APBA or Evaluating Specialist
Patient Signature _____Date _____
Patient Name _____

*****Please return This Form to APBA*****

Return THIS form **2023-2** if required

American Power Boat Association Attn: Becky Nichols
2701 Lake Myrtle Park Rd.
Auburndale, FL 33823
apbahq@apba.org

Athlete's name_____RACING TEAM_____

Statement of Cardiologist/Specialist

Patient is under my care for:

- o Post Myocardial Infarction
- o With Angina Pectoris
- o After Coronary Artery Bypass Surgery
- o Dysrhythmias
- o Pacemaker
- o Cardiomyopathy
- o After Percutaneous Transluminal Coronary Angioplasty (PTCA)
- o Other or non-cardiac_____

I have read and understand the attached guidelines pertaining to cardiovascular disease. I verify that the above-named individual has no current clinical diagnosis of acute myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or significant peripheral vascular disease. He/she has had no recent syncope, dyspnea, collapse, or congestive heart failure. He/she is hemodynamically stable and in no imminent risk of syncopal episode or other symptoms that would affect his/her ability to safely operate a powerboat. I verify that the stress test (if required by these guidelines) is normal. I also verify that the LVEF (where required), is 40% or greater.

Date of last stress test: _____

Date of last EKG_____

MEDICAL PHYSICIAN/D.O. DECLARATION: I hereby certify that I personally examined the applicant named in this medical report and that this report and any attachment embodies my findings completely and correctly. I have also reviewed the medical history on the second page of this form and will keep a copy on file in my office.

□ I certify that above applicant IS MEDICALLY CLEARED TO RACE

□ I recommend that the participant NOT participate.

Print Physician Name _____Fax# _____
Physician's Signature _____Date _____
Address _____Phone _____
City and State _____Zip Code _____

MEDICAL RECORDS RELEASE AUTHORIZATION I give permission to release any medical information that may be beneficial to APBA or Evaluating Specialist

Patient Signature _____Date _____
Patient Name _____

*****Please return This Form to APBA*****