



# CROSSOVER APPLICATION FOR NHRA LICENSE AND COMPETITION NUMBER REGISTRATION



Check here if new address

APPLICATION FOR: CROSSOVER \_\_\_\_\_

NAME: \_\_\_\_\_  
(first) (middle) (last)

ADDRESS: \_\_\_\_\_  
(street address or P.O. Box #)

CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

Minor Waiver required for competitors under 18. Please contact NHRA for Minor Waiver.

HOME #: ( ) \_\_\_\_\_ WORK #: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

FAX #: ( ) \_\_\_\_\_ CELL #: ( ) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

STATE DRIVER'S LICENSE #: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

CURRENT/PREVIOUS NHRA LICENSE/COMPETITION NUMBER \_\_\_\_\_

CATEGORY \_\_\_\_\_ CLASS \_\_\_\_\_ EXP. DATE \_\_\_\_\_

ADDITIONAL CATEGORIES \_\_\_\_\_

TYPE OF CAR \_\_\_\_\_ WHEELBASE \_\_\_\_\_

LAST DATE OF COMPETITION \_\_\_\_\_  
(REQUIRED)

LOCATION \_\_\_\_\_  
(REQUIRED)

NHRA MEMBERSHIP # AND EXPIRATION DATE: \_\_\_\_\_

Occasionally, NHRA allows carefully selected companies to use its mailing list. If you do not wish to be included in these mailings, please put an X in this box.

PLEASE CIRCLE EACH CATEGORY IN APPROPRIATE BOX FOR WHICH APPLICATION APPLIES:

	CATEGORY A (Wheelbase Over 125")	CATEGORY B (Wheelbase Up to 125")	CATEGORY C	CATEGORY D (Motorcycle)
CLASS 1	TOP FUEL	FUNNY CAR	PRO STOCK CAR	PSM
CLASS 2	TOP ALCOHOL DRAGSTER	TOP ALCOHOL FUNNY CAR	PM	ADV. MC (7.00-7.49)
CLASS 3	COMP-ADV'D ET-TD (6.00-7.49)	COMP-ADV'D ET-TD-TS (6.00-7.49)	N/A	ET/MC (7.50-9.99)
CLASS 4	COMP-SC-ET-TD (7.50-9.99)	COMP-SC-ET-SG-SS-TS-TD (7.50-9.99)	N/A	SNOWMOBILE-ATV (7.50-9.99)
CLASS SP	NTF/SPF	NFC/SPF	N/A	N/A

### For Class 3 or 4 Check Each Appropriate Box

Advanced E.T. (6.00-7.49)	<input type="checkbox"/>	E.T. Motorcycle	<input type="checkbox"/>
Top Sportsman	<input type="checkbox"/>	SST	<input type="checkbox"/>
Top Comp	<input type="checkbox"/>	Snowmobile	<input type="checkbox"/>
Comp/Class	<input type="checkbox"/>	ATV	<input type="checkbox"/>
Super Stock/Class	<input type="checkbox"/>	Jr. Comp	<input type="checkbox"/>
Super Comp	<input type="checkbox"/>	Other	_____
Super Gas	<input type="checkbox"/>		
E.T.	<input type="checkbox"/>		

Make/Model/Class/Wheelbase of vehicle used for runs: \_\_\_\_\_

**APPLICANT'S AFFIRMATION & AGREEMENT:** I affirm that I have read, understand and agree to be bound by all NHRA rules, regulations and agreements including, but not limited to, those contained in the applicable NHRA Rulebook, with specific reference, but not limited to the rules regulations and agreements contained in the Administrative Procedures and Appeals Section of the applicable Rulebook which are incorporated herein by reference. I know that the NHRA Rulebook, including amendments, is available to me online. I agree that participation in any and every aspect of the sport of drag 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: Drag racing is a dangerous sport. There is no such thing as a guaranteed safe drag race. Drag 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 drag racing tries to make our sport safer. Although NHRA works to promote and enhance the safety of the sport, there are no guarantees that such safety measures will ensure my safety. I as the participant always have the responsibility for my own safety, and by participating in drag racing, I am accepting all risks of injury, whether due to negligence, vehicle failure, or otherwise. If at any time I do not accept these risks, I will not participate in drag racing. I understand the NHRA Competition Number is issued solely for the participation in drag racing on NHRA Member Tracks.

To be eligible for a crossover application for an NHRA License and Competition Number registration, the following information must be included and completed in full:

- Completed NHRA Application For Driver's Medical Certificate
- NHRA Minor Waiver (MS-N) required for applicants under 18 years of age. All NHRA competition license applicants must be at least 16 years of age.
- Copy of current AHDRA, AMA ProStar, IHRA, or VRA/Goodguys license.
- Two (2) full-pass time slips in class for which you seek a license within the past 12 months at any facility or event (side-by-side time trials or elimination time slips accepted).

1. TIME SLIP E.T. \_\_\_\_\_ MPH: \_\_\_\_\_  
(Representative of the license to be obtained)

Date \_\_\_\_\_ Location \_\_\_\_\_

2. TIME SLIP E.T. \_\_\_\_\_ MPH: \_\_\_\_\_  
(Representative of the license to be obtained)

Date \_\_\_\_\_ Location \_\_\_\_\_

### Acknowledgement of applicant driver's experience

*I hereby acknowledge that the applicant has participated and demonstrated his/her ability to drive and compete in the category being applied for.*

### NHRA Licensed Driver:

signature \_\_\_\_\_ print name here \_\_\_\_\_

category & lic # \_\_\_\_\_ expiration date \_\_\_\_\_

### NHRA Member Track manager or NHRA Division Director:

signature \_\_\_\_\_ print name here \_\_\_\_\_

track/title \_\_\_\_\_

Note to applicant: Complete the license application form in full and forward it and your original physical examination form and original time slips to your Division office.

## FOR OFFICIAL USE ONLY

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SIGNATURE OF APPLICANT: \_\_\_\_\_ Date: \_\_\_\_\_

FORM IS INVALID WITHOUT SIGNATURE

# NHRA COMPETITION LICENSE REGULATIONS

**GENERAL**

1. All drivers competing in NHRA Professional, Alcohol, Pro Mod, Competition, Advanced E.T., Super Comp, Super Gas, certain Super Stock classes as defined by current NHRA rules, Super Street, Top Comp, Top Sportsman, Top Dragster, Snowmobile, ATV, Pro Mod, certain Nostalgia, Special Fuel and E.T. cars or Motorcycles with a dial-in of 9.99 or quicker (4.50 to 6.39 for eighth-mile) or 135 mph or faster (excludes motorcycle) are required to have a valid NHRA Competition License and NHRA Membership.
2. All license applicants must be at least 16 years old. The minimum age for any professional category applicant is 18 years of age.
3. All licensed drivers are required to pass an NHRA physical examination every two (2) years, TF and FC required to take an annual physical. Any matter in this examination, including without limitation any condition or medication may be referred to an NHRA medical consultant for review, and may be cause for rejection.
4. Drivers must be in possession of temporary or permanent NHRA License Certificate and NHRA Membership to be eligible for competition in any category that requires an NHRA Competition License.
5. Drivers may not drive more than one car in the same category at any NHRA event.
6. License and competition numbers are issued as a unit and are valid for two years from date of physical examination; TF or FC is valid for one year.
7. The license does not convey a right but rather conveys a revocable privilege to participate in events.
8. Class 4 license runs can be completed at an eighth-mile track. For Class 1, 2 or 3 license, runs 1, 2, 3 & 4 can be completed at an eighth-mile track, but runs 5 & 6 must be completed at a quarter-mile track.
9. Drivers who have not competed (or have let their NHRA license expire) for a period of two (2) years will have to meet all NEW DRIVER REQUIREMENTS. For TF and FC who have not competed for two years, license will become inactive, three (3) test runs will be required to re-activate; see runs 4, 5 and 6. Test runs must be completed at an NHRA Member Track.
10. If any test runs are older than one year, runs 4, 5 and 6 must be re-done and completed at an NHRA Member Track.
11. In accordance with the Applicant's Affirmation and Agreement on the front of this document, all drivers are subject to NHRA's rules and regulations in connection with their participation in any NHRA or NHRA member track event. I know that the NHRA Rulebook, including amendments, is available to me online..

**NEW DRIVER REQUIREMENTS**

1. Physical examination forms and Competition License application forms are available through any NHRA office or at [www.nhra.com/competition/forms.aspx](http://www.nhra.com/competition/forms.aspx).
2. The applicant will inform the track manager and/or duly authorized track official of intent, and will then arrange for two (2) currently licensed drivers (of equal class or above class or as appointed by the NHRA Division Director) and an authorized track official to observe each test run. Signatures of observers and times must be filled in after each run.
3. The following tests are required:
  - A. The driver must pass an NHRA physical and present completed original physical examination form to authorized track official before test runs are made.
  - B. A special cockpit orientation test ("blindfold" test) will be conducted by observers.
  - C. All test runs will be single runs. No side-by-side runs on test sessions. Test runs must be completed at an NHRA Member Track.
  - D. Test runs will be required in the following order:
 

1. One half-pass	4. One moderate run
2. One moderate run	5. One full run*
3. One moderate run	6. One full run*

 \*For Pro and Sportsman minimum performances refer to the NHRA Rulebook and any amendments thereto published on [nhra.com](http://nhra.com) or in National DRAGSTER.
  - E. Final runs must be representative performance of the class applied for\*. Additional runs may be required.
  - F. New drivers in classes 1 & 2 may be asked to make one or two additional single qualifying runs at an NHRA Championship-type event before entering competition.
4. After passing the driver test, the applicant will complete the license application form in full and will forward it and original physical examination form and original time slips to their Division office. All Professional/NTF/NFC/SPF applications must be mailed to the National Field Office, 2035 Financial Way, Glendora, CA 91741.

**UPGRADE/CROSSGRADE REQUIREMENTS**

1. Drivers may not drive a vehicle classed over their license limitation, nor may they cross between category types unless specifically licensed for each (see NHRA Rulebook; General Regulations; credentials). Drivers must be registered and have a Competition Number for each category in which they compete (check coverage box on front).
2. Currently licensed drivers who wish to upgrade license class or crossgrade license type must make three test runs. (see Runs 4, 5 and 6). Test runs must be completed at an NHRA Member Track.
3. The applicant will inform the track manager and/or duly authorized track official of intent, and will then arrange for two (2) currently licensed drivers (of equal class or above class or as appointed by the NHRA Division Director) and an authorized track official to observe each test run. Signatures of observers and times must be filled in after each run.
4. Three run upgrade or crossgrade between motorcycles and cars not permitted. Full test procedure required.
5. Physical examination not required for upgrade/crossgrade providing applicant's current license has not expired.
6. All test runs will be single runs. No side-by-side runs on test sessions. After completing test runs, forward application and original time slips to your Division office.

**LICENSE RENEWAL**

1. Competition Licenses and NHRA Competition Numbers expire on last day of month listed as expiration date.
2. A license expired beyond one year will be required to take three-run test (see Upgrade/Crossgrade Requirements). You may lose your competition number after 30 days of expiration.
3. Completed physical and applications are required.

**MAIL ALL RENEWALS AND NEW/PRO/NTF/NFC/SPF APPLICATIONS TO:** NHRA • ATTN: NFO • 2035 Financial Way • Glendora, CA 91741. For more information, contact the NHRA Field Office at (626) 914-4761, or your Division Director.

**MAIL ALL LATE, UPGRADE AND CROSSGRADE LICENSE APPLICATIONS TO YOUR DIVISION OFFICE.**

<p><b>NORTHEAST DIVISION / 1</b> 366 Easton Rd., Warrington, PA 18976 (215) 343-2558</p>	<p><b>NORTH CENTRAL DIVISION / 3</b> 5 W. State Rd. 218, Bunker Hill, IN 46914 (765) 689-8727</p>	<p><b>WEST CENTRAL DIVISION / 5</b> 3720 Arrowhead Ave., Suite 103, Independence, MO 64057 (816) 795-8055</p>	<p><b>PACIFIC DIVISION / 7</b> 2035 Financial Way, Glendora, CA 91741 (626) 914-4761</p>
<p><b>SOUTHEAST DIVISION / 2</b> 4424 NW 13th St., Suite C6, Gainesville, FL 32609 (352) 374-9922</p>	<p><b>SOUTH CENTRAL DIVISION / 4</b> 401 North Loop 336 West, Suite C, Conroe, TX 77301 (936) 539-4474</p>	<p><b>NORTHWEST DIVISION / 6</b> 818 39th Ave. SW, Suite A-3, Puyallup, WA 98373 (253) 446-6594</p>	

**Allow a minimum of 2-3 weeks for processing.**

**FEES – NHRA Membership is required for all licensed competitors (All fees subject to change without notice.)**

Fees for all new, renewed and upgraded licenses, Competition Number assignments and NHRA Memberships are as follows:

1. **TF** and **FC** License and Competition Number (annually).....\$50.00
2. **TF** and **FC** each additional category (annually).....\$20.00
3. License and Competition Number, one category (**all other categories, including PS/PSM**), payable every two years. \$100.00
4. Competition Number, each additional category, payable every two years .....\$20.00
5. Upgrade/Crossgrade License .....\$20.00
6. Replacement (lost/stolen license).....\$10.00
7. NHRA Membership-2 years (includes 96 issues of National DRAGSTER, excess medical insurance) (\$69 annually)...\$128.00
8. NHRA Membership-2 years Canada and Mexico (U.S. funds) (\$105 annually) .....\$200.00
9. NHRA Membership-2 years Foreign and Overseas (U.S. funds) (\$165 annually) .....\$320.00
10. Associate Membership-2 years, **DOES NOT** include National Dragster. To qualify for Associate Membership, you must reside with a member of your family who is a current Full Member. Associate Membership term may not expire after that of the Full Member. Associate's expiration date will be adjusted to match the Full Member's if necessary. (\$30 annually).....\$60.00  
Enter member # of the full member in your household \_\_\_\_\_ Exp. Date \_\_\_\_\_
11. Jr. Comp Member/Participant (includes Jr. Dragster subscription) - 2 years (\$37 annually).....\$75.00
12. Jr. Comp Member/Participant (includes Jr. Dragster subscription) - 2 years Canada/other Foreign (U.S. Funds) (\$42 annually) ..\$85.00

**ALL PAYMENTS MUST BE U.S. FUNDS**

**DRIVERS MUST BE REGISTERED WITH A COMPETITION NUMBER IN EACH CATEGORY IN WHICH THEY COMPETE.**

All fees must accompany application. Make checks payable to:

**NATIONAL HOT ROD ASSOCIATION  
Enclosed:**

- \$ \_\_\_\_\_ for License/Competition Number Registration (one category)
- \$ \_\_\_\_\_ for Competition Number Registration in \_\_\_\_\_ additional categories
- \$ \_\_\_\_\_ for License Upgrade/Crossgrade
- \$ \_\_\_\_\_ for NHRA Full Membership
- \$ \_\_\_\_\_ for NHRA Associate Membership (See requirements at left)
- \$ \_\_\_\_\_ for NHRA JDRL Membership

METHOD OF PAYMENT: Check \_\_\_\_\_ VISA \_\_\_\_\_ M/C \_\_\_\_\_ AMEX \_\_\_\_\_ DISCOVER \_\_\_\_\_

CARD # \_\_\_\_\_ EXP. \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

	NOTES:
	NHRA Competition Numbers Issued:
	License Code: _____ Date Issued: _____
	Medical date: _____ CL#: _____ Amount encl: _____ NFO: _____ memb: _____ Check No.: _____
	<b>FOR OFFICIAL USE ONLY:</b> Received: _____ Authorized by: _____ Account #: _____

# APPLICATION FOR DRIVER'S MEDICAL CERTIFICATE



## PHYSICAL EXAMINATION

### INSTRUCTIONS FOR MEDICAL PHYSICIAN AND APPLICANT

1. This medical certificate must be completed by an **M.D. or D.O. only**.
2. This examination is for a driver's racing competition license.
3. M.D. or D.O. must complete medical history information.
4. Record your medical findings.
5. Application will be returned if **any** information is incomplete.
6. Reverse side 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 reverse side of this form.**
8. Application and attachments **must** be in English.
9. EKG required at age 55 and older, copy must be attached.
10. Attach all findings, consults, ECG, EKG, x-rays to this report.
11. Return completed **original** form to applicant. **Copies not accepted.**
12. LICENSE WILL BE VALID FOR TWO YEARS FROM THE MONTH OF THE PHYSICAL. (TOP FUEL AND FUNNY CAR VALID FOR ONE YEAR; ANNUAL RENEWAL)
13. Any matter, including without limitation any conditions or medications, in this examination may be referred to an NHRA medical consultant for review, and may be cause for rejection.

#### APPLICANT'S FULL NAME AND ADDRESS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### MEDICAL HISTORY (This should include any and all changes within the last two years.)

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 rejection from or for military service
		b. Dizziness or fainting spells (If yes, circle 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 NHRA 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 drag racing. I affirm that I have read, understand and agree to be bound by all NHRA rules, regulations and agreements including, but not limited to, those contained in the applicable NHRA 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 NHRA Rulebook, including amendments, is available to me online. I agree that participation in any and every aspect of the sport of drag 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: Drag racing is a dangerous sport. There is no such thing as a guaranteed safe drag race. Drag 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 drag racing tries to make our sport safer. Although NHRA 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 drag racing, I am accepting all risks of injury, whether due to negligence, vehicle failure, or otherwise. If at any time I do not accept these risks, I will not participate in drag racing. I understand the NHRA Competition Number is issued solely for participation in drag racing on NHRA Member Tracks.

SIGNATURE OF APPLICANT (In Ink)

DATE

AGE	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX
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APPLICANT'S NAME \_\_\_\_\_

**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 or 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, etc.)		
	23. Psychiatric (Appearance, behavior, mood, communication and memory)		
	24. General systemic		

25. BLOOD PRESSURE (Sitting MM Mercury)		26. HEART RATE	27. FIELD OF VISION (Peripheral)		28. DISTANT VISION (Must have BOTH findings)		
Systolic	Diastolic	Resting Pulse	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL		<b>UNCORRECTED</b>	<b>CORRECTED</b>
			<b>29. Corrective Lens REQUIRED While Driving</b> <small>*If previously "Yes," please include an explanation of the change.</small> NO* _____ YES _____		Right Eye	20/	20/
					Left Eye	20/	20/
					Both Eyes	20/	20/

30. URINALYSIS (If sugar is positive see #31.)			31. BLOOD SUGAR TEST (Both Fasting & 2 Hour Post Prandial, required only if sugar is found in urine. No S.I. Units)			
SUGAR	ALBUMIN/PROTEIN	BLOOD	FASTING	2-HOUR P.P.	HgA1C	COMMENTS
<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES				

32. OTHER TESTS	33. DISQUALIFYING DEFECTS/LIMITATIONS
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34. COMMENTS ON HISTORY AND FINDINGS, RECOMMENDATIONS (INCLUDE SPECIFIC MEDICAL CONDITION AND MEDICATIONS CURRENTLY PRESCRIBED)

35. EKG (CURRENT EKG REQUIRED AT AGE 55 AND OLDER, must be no older than six months, does not reflect any abnormalities that would preclude the patient from racing. ATTACH all findings, consults, ECG, X-rays, etc. to this report before mailing)

35.a EKG (Date)			<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL <b>HEART TROUBLE WITHIN 2 YEARS, MUST SUBMIT RECENT EKG AND CARDIOLOGIST RELEASE.</b>
MM	DD	YY	

36. PLEASE CHECK ONE
<input type="checkbox"/> <b>PHYSICALLY ACCEPTABLE</b>
<input type="checkbox"/> <b>FURTHER EVALUATION REQUIRED (Explain)</b>

37. MEDICAL PHYSICIAN/D.O. DECLARATION: I hereby certify that I personally examined the applicant named on this medical report and that this report and any attachment embodies my findings completely and correctly. I have also reviewed the medical history on reverse side of form.

<b>DATE OF EXAMINATION</b>	<b>MEDICAL PHYSICIAN(MD/DO ONLY) SIGNATURE</b>	<b>MEDICAL PHYSICIAN (MD/DO ONLY) NAME, TITLE, ADDRESS &amp; PHONE (Type or print)</b>
	<b>State License #</b>	Phone: ( )                      Fax: ( )