



Annual Racing Driver Medical Examination 2026 **Guidance for Examining Doctors**

Dear Doctor,

You are being asked to examine this candidate for a racing licence from the Automobile Association of Bangladesh (AAB), which is the FIA (world motorsport governing body) National Sporting Authority. Such a racing licence permits the holder to drive a vehicle in official motorsport competitions, including at very high speeds and under exacting sporting conditions.

Eyesight Standards

1. Visual Acuity. Before or after correction, sight for each eye should be at least 6/15 (metric)*. Blindness in 1 eye is absolutely excluded.
2. Normal binocular vision.
3. Normal colour vision.
4. The wearing of glasses is permitted. The wearing of contact lenses is permitted if:
 - i. contact lenses have been worn for a period longer than 12 months and for a significant period every day;
 - ii. they are certified as satisfactory for motor racing by the ophthalmic specialist who supplied them (hard contacts are not recommended).

List of Conditions Incompatible with the Granting of a Standard Licence

1. Epilepsy under treatment or not, with clinical manifestations confirmed during the 10 previous years.
2. Any cardiovascular problem with risk of sudden death.
3. Blindness in one eye (monocular blindness) – applications will be decided on case-by-case basis by the FIA Medical Commission.

Conditions Compatible with the Granting of a Licence for Driver with Disabilities

1. Amputations, except in the case of fingers where the gripping function in both hands is unimpaired (in which case a standard licence can be granted).
2. Prosthetic limbs, if the function result is not equal or near to normal.
3. Free movement of the limbs impeded by more than 50%.
4. Major central or peripheral sensor-motor malfunction (monoplegia, hemiplegia, paraplegia, etc).

Conditions Requiring an Assessment by a Specialist Medical Doctor (to be submitted to AAB)

1. Diabetes being treated with insulin or sulfonylureas *.
2. Any abnormal cardiac or arterial condition.
3. All psychological conditions including Attention Deficit Hyperactivity Disorder (ADHD) liable to lead to behavioural problems and requiring a specialised care.
4. Any health problem that might, because of its nature or the treatment required, result in consequences that are harmful to participation in motor sport including in case of an accident.

***Exceptions**

I. Visual Acuity.

- a) Examination by a competent ophthalmic specialist is required in the following circumstances:
 - i. any candidate whose visual acuity in only 1 eye is diminished,
 - ii. such diminished visual acuity in that 1 eye cannot be corrected,
 - iii. such candidate has contralateral vision, whether corrected or not, equal to or greater than 6/6 (metric).
- b) Upon examination by a competent ophthalmic specialist, the following conditions would enable a candidate to obtain their racing licence:
 - i. Field of vision equal to or greater than 120°
 - ii. Functional stereoscopic vision
 - iii. Condition of the fundus excluding pigmentary retinal damage
 - iv. Any old or congenital damage shall be strictly unilateral.

II. Diabetes.

A confidential document proving the regular supervision of the party concerned and indicating the nature of his treatment is submitted to AAB and that the medical certificate of aptitude (see Article 1.8) bears the wording “medical supervision necessary”.



Applicant Medical Questionnaire

Have you been treated for, have you ever had, or have you now, any of the following:
(If you answer Yes to any question, please provide details below)

Conditions:	Yes	No
Frequent or severe headaches		
Unconsciousness for any reason		
Dizziness or fainting spells		
Epilepsy or Seizures		
Heart Trouble:		
- Coronary Artery Disease or Angina		
- Valve disease		
- Abnormal Cardiac Rhythms		
High Blood Pressure		
Currently on Blood Thinner Medication		
Psychiatric/Mental Health Problems		
Operation(s) involving Eyes, Brain, Heart, Nerves, Blood Vessels, or Bones		
Allergies		
Eye trouble (except for glasses)		
Asthma		
Diabetes		
Anemia, or other blood diseases including abnormal bleeding		
Admission to a hospital in the past 12 months		
Any history of drug or alcohol abuse		
Been diagnosed with obstructive sleep apnoea or narcolepsy		
Amputations and/or Physical disability		
Previous denial(s) from any sanctioning body, past or present due to medical reasons		

Further details if any questions above were answered with a "Yes":

List all medications (including dosage and frequency):

Applicant's Declaration

1. I declare that the information regarding my present state of health, given to the examining physician is correct.
2. I undertake not to use any substance included on the World Anti-Doping Agency list of prohibited substances and methods, which can be found here <https://www.wada-ama.org/en/content/what-is-prohibited>
3. I undertake to advise AAB without delay of any significant change in my state of health
4. I agree to be re-examined as follows:
 - a. Upon the expiration of my current medical as required by the current competition rules.
 - b. Following any significant illness, injury or hospitalization.
5. I give permission to any hospital, institution, or physician, to furnish my medical information to AAB.

Applicant's Signature: _____ Date: _____

Parent's Signature (if Applicant below 18 years old): _____ Date: _____



2026 Annual Racing Driver Medical Examination Form

Applicant's Full Name*: _____ Gender*: _____

Address*: _____

Date of Birth*: _____ Nationality*: _____ Blood Group*: _____

(*Must be completed)

Medical Information

Vision	Right Eye	Left Eye	Height	(cm)
Uncorrected	6 /	6 /	Weight	(kg)
Corrected	6 /	6 /	Blood Pressure	/
Wears Glasses?	Yes	No		

Date of Last Anti-Tetanus Vaccination: _____

Allergies (Medication/Other): _____

Simple ECG (for ages 50–59 only) / Stress Test (for ages 59 and above only): (Normal / Abnormal)

1. Is there evidence of abnormality of the heart of cardiovascular system? (Yes / No)

If "yes", please provide details below.

2. Is there evidence of a physical/mental condition in the applicant's medical history? (Yes / No)

If "yes", please provide details below.

3. Has the applicant suffered from epilepsy, seizures or other neurological condition? (Yes / No)

If "yes", please provide details below.

4. Does the applicant have any physical abnormality or restriction of movement in the arms or legs? (Yes / No)

If "yes", please provide details below.

5. Is there any reason why the applicant should not participate in motorsport? (Yes / No)

If "yes", please provide details below.

If you have circled "Yes" to any of the questions above, please provide further details in the box below:

Doctor's comments:

Date	Doctor's Signature / Clinic Stamp	ASN Stamp