

Medical Examination Record

INSTRUCTIONS FOR USE OF FORM
Medical Examination to be completed by Applicant's Doctor. Applicant should complete the front page before the examination, and ensure the appointment is made for extended consultation to allow time to complete the examination.

PART 1 - Applicant Details

Surname: _____ Christian Names: _____
 Address: _____

 Date of Birth: _____ Sex: _____
 Phone (H): _____ Phone (M): _____
 Email: _____
 Occupation: _____

PART 2 - Applicant Statement

Blood Group: _____ Known Allergies: _____
 Date of last Tetanus Immunisation: _____

Applicant Questionnaire	Yes	No	N/A
Is this your first Motor Racing medical exam?			
Has your health status changed since your last exam?			
Have you suffered any injury, illness or accident since your last exam?			
Are you taking any injections, medications, or tablets?			
Have you ever had a surgical operation?			
Have you ever had any motorsport injuries?			
Have you ever had any other injuries?			
Amplifying comments for any item answered "Yes":			

Have you ever suffered from any of the following:	Yes	No	N/A
Any nervous disorder (including nerves, nuerasthenia or anxiety)			
Fits, convulsions, turns, blackouts, fainting, giddiness			
Headaches			
Head injury or concussion			
Tuberculosis or other lung conditions			
Heart disease or rheumatic fever			
Gastric or duodenal ulcer, indigestion			
Kidney or bladder problems			
Diabetes			
Anaemia or any other blood diseases			
Deafness or tinnitus			
Earache or discharge from the ear			
Sinus problems			

INSTRUCTIONS TO MEDICAL EXAMINER

Please complete all sections, sign form, and witness applicant's signature for declaration (following page).

Please attach any relevant specialist, pathology or radiology reports.

If the applicant wears contact lenses, please attach to this report a certificate from the Ophthalmologist stating: stability, daily duration of use and suitability for motor racing use.

PART 3 - Medical Examination

Height (cm): _____ Weight (kg): _____ BMI: _____

Pulse: _____ Blood Pressure: _____

	Yes	No
Is there any abnormality in the pulse rhythm?		
Is there any abnormality in the peripheral pulses?		
Is there any evidence of past or present ischaemic heart disease?		
Is there any abnormality of the respiratory system?		
Is there any abnormality of the abdomen?		
Does urine test reveal Protein?		
Does urine test reveal Glucose?		
Does urine test reveal other abnormality?		
Has the applicant undergone any amputation (limb or part of limb), or is there any physical deformity?		
Does the applicant wear any form of orthopedic appliance?		
Does the applicant have any mobility restriction which might impair or compromise control of a vehicle?		

	Yes	No
Is there any evidence of past or present vestibular disturbance, including intermittent conditions?		
Is there any abnormality of the ENT system on clinical examination?		
Is there any sensory impairment?		
Is there any abnormality of the cranial nerves, limb tone, power or coordination, or tendon or planter response on examination?		
Has the applicant any deformity of the eyes?		
Is there any evidence of horizontal or vertical squint?		
Is squint produced on covering either eye?		
Is there any abnormality in colour vision?		
Is there any abnormality or defect in the visual fields on confrontation?		
VISUAL ACUITY	L	R
Unaided	6/	6/
Spectacles	6/	6/
Contact Lenses	6/	6/

PART 4 - Examiners Comments:

PART 5 - Examiners Declaration

I have personally examined the applicant and consider he/she to be FIT / UNFIT to participate in motor racing.

Signature _____

Date _____

Examiner Name/Address _____

PART 6 - Applicants Declaration

I hereby declare that I have read and answered all questions in Part 1 and Part 2, and that the answers I have given are to the best of my belief true, correct and complete in every detail.

I further declare that I have not withheld any information or made any statements which are calculated to conceal any reason that could result in a refusal of this licence.

I confirm I am aware that if any of the answers given above are affected by any event which might occur during the currency of the licence issued as a result of this medical examination I will report any such alteration to the Independent Race Series.

I undertake not to use any drugs or medication which could have the capacity of affecting my driving ability within 48 hours of my competition and formally agree I will submit to any testing for drugs as may be considered to be justified by the Independent Race Series doctor.

I hereby give my full authority to the Independent Race Series medical officers to obtain information from relevant clinical records, x-ray and pathology reports from my doctor if required to support this application.

Signature

Date

Witness - Medical Examiner

PART 6B - For female applicants

I agree to refrain from exercising the rights conferred by the issue of this licence at any time during the last 4 months of any pregnancy.

Signature

Date

Witness - Medical Examiner

Return completed Examination Record with Licence Application form and payment to:

Independent Race Series, 5/73 Sheppard Street, HUME, ACT, 2620