Medical Examination Record

(must be completed by a Medical Practitioner registered to practice medicine in Australia)



No

No

Yes

Yes

Applicable to Circuit, Rally and Superkart Licence Holders only

If significant abnormalities are found, please obtain specialist opinion or pathology as indicated and return with this form. If doubtful, refer to the Motorsport Australia Member Hotline — 1300 883 959

This medical is valid for 3 months from the date of examiners signature

Notes:

- Photo ID required.
- Please ensure a thorough understanding of the medical standards is acquired prior to completing the examination.
- Please attach any Specialists' reports or any pathology or radiology results relevant to this application.
- If the applicant wears contact lenses, please attach to this report a certificate from the Ophthalmic Practitioner who fitted them, stating their (i) stability, (ii) duration of daily use and (iii) condition.
- (i) The Body Mass Index is weight (in kilograms) divided by the square of the height (in metres).
 - (ii) 20-25 Acceptable normal range

25-30 Health risk area

35-40 Morbidly obese

Licence

level/type

6. The 'normal' answer to each question below is 'NO'. In respect of each 'YES' response, further details should be provided in Examiner's Comments.

30-35 Obese

Applicant's name				Motorspor Member/lie (if applicable)		
General					Maligna	
Height		(m)			Any curre	
Weight		(kg)			Central	
Body Mass Index (BMI)	weigl	nt/(height)²			Abnorma power/co	
Cardiovascular System					Sensory	
Pulse rate		Max. 100			Note the co	
Rhythm abnormal?			Yes	No	ENT Sys	
Blood pressure	Max. 150/	90 (mmHg)	/		Evidence disturbar	
Peripheral pulses abnormal	?		Yes	No	Abnorma	
Familial hypercholesterolae	mia?		Yes	No	Visual S	
Evidence of past or present ischaemic heart disease?	İ		Yes	No	Abnorma	
Total Cholesterol		(mg/dL)			Contact I	
Fasting Lipids	LDL HDL	(mg/dL) (mg/dL)			If Yes, Certi Refractiv If Yes, Certi	
Fasting Glucose	TIDE	(mg/dL)			Visual A	
Dognizatory System					Test each	
Respiratory System					Record in Record n	
Abnormality(s) of the respiratory system?			Yes	No	Unaided	
Smoking status			Never smoked		Aided (wi	
				sly smoked		
			Currently	y smokes	Eye Mov	
Abdomen					Evidence If Yes, appli examinatio	
Abnormality(s) of the abdomen?			Yes	No	Visual F	
Urinary System					Complete	
Does the urine contain:			Protein		Ocular or suggests	
			Glucose		Confront	
			Other ab	onormality(s)?)? fields in e	
Locomotor System					Test with	

Malignancy		
Any current malignancy of any system, other than non-melanoma skin cancer?	Yes	No
Central Nervous System		
Abnormality(s) of cranial nerves/limb tone/power/coordination/tendon/plantar response?	Yes	No
Sensory impairment?	Yes	No
Note the concussion protocol in <i>Motorsport Australia Medi</i> (motorsport.org.au/medical), specifically point 4.6c	cal Standards	
ENT System		
Evidence of past or present vestibular disturbance, including intermittent conditions?	Yes	No
Abnormality(s) of the ENT system?	Yes	No
Visual System		
Abnormality(s) of the eyes?	Yes	No
Contact lenses? If Yes, Certificate of Ophthalmic Prac. required	Yes	No
Refractive surgery? If Yes, Certificate of Ophthalmic Prac. required	Yes	No
Visual Acuity		
Test each eye separately with letter chart at 6 Record in metric Snellen notation. <i>e.g.</i> 6/9 Record number of errors made in smallest line r		3 RE LE
Unaided (without contact lenses or spectacles)	6/	6/
Aided (with contact lenses or spectacles)	6/	6/
Eye Movement		
Evidence of past or present diplopia? If Yes, applicant must complete a full eyesight examination and full assessment of their ocular mobility	Yes	No
Visual Fields		
Complete a confrontation test for each eye se	parately	
Ocular or general medical history that	Yes	No

Physical deformity/amputation or use Yes No of orthopaedic appliance? Is there any impaired functional use,

Yes No either from above or otherwise? Impaired use/movement of any limb/joint/hand/foot which might No Yes compromise control of a motor vehicle?

Note the requirements of point 2.1 of the Motorsport Australia Medical Standards (motorsport.org.au/medical) in regards to physical disability

motorsport.org.au

More than three (3) errors is a FAIL indicating abnormal colour vision.

suggests the possibility of visual field loss? Confrontation test suggest a loss of visual

(For first medical only, not required for licence renewal)

diamettrical crossings is assessed as UNFIT.

.. เอง, are นµpricant will likely need to be referred for a full eyesight examination by an optometrist or an ophthalmologist) or

The further assessment of colour vision shall be complete via the Famsworth D15 test, to test the severity of the colour vision defect.

Any individual who fails the Famsworth D15 test by making two or more

fields in either eye?

Test with Ishihara

Ishihara test failed?

Medical Examination Record

(must be completed by a Medical Practitioner registered to practice medicine in Australia)



ECG					
A resting ECG is required with all Medical Examinations. A copy of the ECG chart/report must be submitted as part of the medical ECG every two years and must complete a cardiologists' consultation even Note the requirements of point 1.5 of the Motorsport Australia Medical Standards (motorsport.org.).	ery three years as per International requirements.				
ECG Results: /	Other comments:				
ECG abnormal? Yes No					
<u> </u>					
If abnormal, date completed:					
Examiner's Comments					
1 On history:					
2 Are there any unfavourable traits in applicant's personality, revealed b	by history, appearance or behaviour?				
3 Has the applicant been prescribed drugs which are in contravention of					
or inhaled asthma medications? If so, please advise drug, dosage and re	eason:				
4 In your opinion, is the applicant fit to participate in motorsport?	Yes No Further assessment				
Statement by Registered General Practitioner					
The applicant was examined on:	Examiner's signature				
Applicant's photo ID sighted? YES NO					

This medical is only valid for 3 months from the date of examiners signature

State:

YES

NO

Postcode:

Please return to: Motorsport Australia Mail: PO Box 172 Canterbury LPO, VIC 3126 Email: memberservices@motorsport.org.au

Are you the applicant's normal GP?

Name of medical examiner:

Address of medical examiner:

Suburb:

MEDICAL

EXAMINERS

STAMP