## **Medical Examination Record**

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



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.

Other abnormality(s)?

- 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

Malignancy

Applicant's name					rt Australia licence no.
General					Malignar
Height		(m)			Any curre
Weight		<b>(</b> kg)			Central I
Body Mass Index (BMI)	weig	ht/(height)²			Abnorma power/co
Cardiovascular System					Sensory i
Pulse rate		Max. 100			Note the co (motorspor
Rhythm abnormal?			Yes	No	ENT Sys
Blood pressure	Max. 150/	'90 (mmHg)	/		Evidence disturban
Peripheral pulses abnorma	ıl?		Yes	No	Abnorma
Familial hypercholesterola	emia?		Yes	No	Visual S
Evidence of past or preser ischaemic heart disease?	nt		Yes	No	Abnorma
Total Cholesterol		(mg/dL)			Contact I
Fasting Lipids	LDL	(mg/dL)			If Yes, Certi Refractive
	HDL	(mg/dL)			If Yes, Certi
Fasting Glucose		(mg/dL)			Visual A
Respiratory System					<b>Test each</b> Record in
Abnormality(s) of the respi	ratory sys	tem?	Yes No		Record n
Smoking status			Never smoked		Unaided
			Previously smoked		Aided (wi
			Currently smokes		Eye Mov
Abdomen					Evidence If Yes, appli examination
Abnormality(s) of the abdo	men?		Yes	No	Visual Fi
Urinary System					Complete
Does the urine contain:			Protein		Ocular or
			Glucose		suggests Confronta

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 Media</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 in Record in metric Snellen notation. e.g. 6/9 Record number of errors made in smallest line re		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 sep	parately	
Ocular or general medical history that suggests the possibility of visual field loss?	Yes	No
Confrontation test suggest a loss of visual fields in either eye?	Yes	No
Visual Fields		
Test with Ishihara	, .	

### **Locomotor System**

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

No

Yes

If Yes, the applicant will likely need to be referred for a full

diamettrical crossings is assessed as UNFIT.

eyesight examination by an optometrist or an ophthalmologist)

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

Ishihara test failed?

More than three (3) errors is a FAIL indicating abnormal colour vision. (For first licence only, not required for licence renewal)

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# **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 examination form. Applicants over 45 years of age require stress ECG every two years and must complete a cardiologists' consultation every three years as per International requirements. Note the requirements of point 1.5 of the Motorsport Australia Medical Standards (motorsport.org.au/medical) in regards to Mandatory Frequency of Examination Other comments: ECG Results: Yes ECG abnormal? If abnormal, date completed: **Examiner's Comments** 1 On history: 2 Are there any unfavourable traits in applicant's personality, revealed by history, appearance or behaviour? Has the applicant been prescribed drugs which are in contravention of the Motorsport Australia Anti-Doping policy, or inhaled asthma medications? If so, please advise drug, dosage and reason: 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**

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

State:

YES

YES

NO

Postcode:

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

Applicant's photo ID sighted?

Name of medical examiner:

Address of medical examiner:

Are you the applicant's normal GP?

Suburb:

MEDICAL

**EXAMINERS** 

STAMP