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



 (Rally licence holders required to com, If significant abnormalities are found with this form. If doubtful, refer to th 	l, please obta	ain specialist	opinion or pathology as indicated			
This medical is valid for 3 months fro						
lotes: 1. Photo ID required.						
 Please ensure a thorough understanding Please attach any Specialists' reports or 	-			ation.		
4. If the applicant wears contact lenses, pl	ease attach to			er who fitted ther	n, stating t	heir
	ht (in kilograms		e square of the height (in metres).			
(ii) 20-25 Acceptable – normal range 6. The 'normal' answer to each question b	25-30 Health elow is 'NO'. In		30-35 Obese 35-40 Morbidly obe h 'YES' response, further details should		kaminer's C	Commer
		Motorsport	Australia	Licence		
Applicant's name		Member/lic (if applicable)	rence no.	level/type (if applicable)		
General			Malignancy			
leight (m)			Any current malignancy of any syst than non-melanoma skin cancer?	em, other	Yes	No
Veight (kg)			Central Nervous System			
Body Mass Index (BMI) weight/(height) ²			Abnormality(s) of cranial nerves/lim power/coordination/tendon/plantar		Yes	Nc
Cardiovascular System			Sensory impairment?		Yes	Nc
Pulse rate Max. 100			Note the concussion protocol in <i>Motorsport</i> (motorsport.org.au/medical), specifically po	Australia Medical St vint 4.6c	andards	
hythm abnormal?	Yes	No	ENT System			
Blood pressure Max. 150/90 (mmHg)	/		Evidence of past or present vestibut disturbance, including intermittent of		Yes	No
Peripheral pulses abnormal?	Yes	No	Abnormality(s) of the ENT system?		Yes	No
amilial hypercholesterolaemia?	Yes	No	Visual System			
vidence of past or present schaemic heart disease?	Yes	No	Abnormality(s) of the eyes?		Yes	Nc
otal Cholesterol (mg/dL)			Contact lenses? If Yes, Certificate of Ophthalmic Prac. requir	red	Yes	No
asting Lipids LDL (mg/dL) HDL (mg/dL)			Refractive surgery? If Yes, Certificate of Ophthalmic Prac. requir	ed	Yes	No
Fasting Glucose (mg/dL)			Visual Acuity			
Respiratory System			Test each eye separately with lette			
Abnormality(s) of the respiratory system?	Yes	Νο	Record in metric Snellen notation. <i>e</i> Record number of errors made in si		e.g. 6/9 -3	3 RE LE
Smoking status	Never sm		Unaided (without contact lenses or specto	acles) 6/	(6/
-	Previously	y smoked	Aided (with contact lenses or spectacles)	6/	(6/
	Currently	smokes	Eye Movement			
Abdomen			Evidence of past or present diplopi- If Yes, applicant must complete a full eyesig examination and full assessment of their oc	ıht	Yes	No
Abnormality(s) of the abdomen?	Yes	No	Visual Fields			
Jrinary System			Complete a confrontation test for	each eye separa	tely	
Does the urine contain:	Protein		Ocular or general medical history th suggests the possibility of visual fie		Yes	No
	Glucose		Confrontation test suggest a loss of fields in either eye?		Yes	No
	Other abr	normality(s)?				
ocomotor System			Test with Ishihara More than three (3) errors is a FAIL	indicating abnor	mal colour	r visior
hysical deformity/amputation or use for the orthopaedic appliance?	Yes	No	(For first medical only, not required for licen			
there any impaired functional use, ither from above or otherwise?	Yes	No	Ishihara test failed? If Yes, the applicant will likely need to be ref	erred for a full	Yes	No
Impaired use/movement of any limb/joint/hand/foot which might			eyesight examination by an optometrist or o			
	Yes	No	or The further assessment of colour vision sha	Il he completo via th	>	

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ECG

ECG every two years and mus	rt must be st complete	submitted as part a cardiologists' co	of the medical examination form. Applicants over 45 years of age require stress onsultation every three years as per International requirements.
Note the requirements of point 1.5 of the	Motorsport A	ustralia Medical Standard	ds (motorsport.org.au/medical) in regards to Mandatory Frequency of Examination
ECG Results:		/	Other comments:
ECG abnormal?	Yes	No	
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?

3 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
Applicant's photo ID sighted?	YES	NO	
Are you the applicant's normal GP?	YES	NO	
Name of medical examiner:			MEDICAL
Address of medical examiner:			EXAMINERS
Suburb:	State:	Postcode:	STAMP

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

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