

# 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**  
(Rally licence holders required to complete Medical Examination Record as per changes implemented 1 August 2023)
- ! **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.
  - BMI (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 30-35 Obese 35-40 Morbidly obese
  - The 'normal' answer to each question below is 'NO'. In respect of each 'YES' response, further details should be provided in Examiner's Comments.

Applicant's name	Motorsport Australia Member/licence no. (if applicable)	Licence level/type (if applicable)
<div> <div> <b>General</b> </div> <div> <p>Height (m)</p> <p>Weight (kg)</p> <p>Body Mass Index (BMI) weight/(height)<sup>2</sup></p> </div> </div>		
<div> <div> <b>Cardiovascular System</b> </div> <div> <p>Pulse rate Max. 100</p> <p>Rhythm abnormal? Yes No</p> <p>Blood pressure Max. 150/90 (mmHg) /</p> <p>Peripheral pulses abnormal? Yes No</p> <p>Familial hypercholesterolaemia? Yes No</p> <p>Evidence of past or present ischaemic heart disease? Yes No</p> <p>Total Cholesterol (mg/dL)</p> <p>Fasting Lipids LDL (mg/dL) HDL (mg/dL)</p> <p>Fasting Glucose (mg/dL)</p> </div> </div>		
<div> <div> <b>Respiratory System</b> </div> <div> <p>Abnormality(s) of the respiratory system? Yes No</p> <p>Smoking status Never smoked Previously smoked Currently smokes</p> </div> </div>		
<div> <div> <b>Abdomen</b> </div> <div> <p>Abnormality(s) of the abdomen? Yes No</p> </div> </div>		
<div> <div> <b>Urinary System</b> </div> <div> <p>Does the urine contain: Protein Glucose Other abnormality(s)?</p> </div> </div>		
<div> <div> <b>Locomotor System</b> </div> <div> <p>Physical deformity/amputation or use of orthopaedic appliance? Yes No</p> <p>Is there any impaired functional use, either from above or otherwise? Yes No</p> <p>Impaired use/movement of any limb/joint/hand/foot which might compromise control of a motor vehicle? Yes No</p> <p>Note the requirements of point 2.1 of the Motorsport Australia Medical Standards (motorsport.org.au/medical) in regards to physical disability</p> </div> </div>		
<div> <div> <b>Malignancy</b> </div> <div> <p>Any current malignancy of any system, other than non-melanoma skin cancer? Yes No</p> </div> </div>		
<div> <div> <b>Central Nervous System</b> </div> <div> <p>Abnormality(s) of cranial nerves/limb tone/power/coordination/tendon/plantar response? Yes No</p> <p>Sensory impairment? Yes No</p> <p>Note the concussion protocol in Motorsport Australia Medical Standards (motorsport.org.au/medical), specifically point 4.6c</p> </div> </div>		
<div> <div> <b>ENT System</b> </div> <div> <p>Evidence of past or present vestibular disturbance, including intermittent conditions? Yes No</p> <p>Abnormality(s) of the ENT system? Yes No</p> </div> </div>		
<div> <div> <b>Visual System</b> </div> <div> <p>Abnormality(s) of the eyes? Yes No</p> <p>Contact lenses? Yes No If Yes, Certificate of Ophthalmic Prac. required</p> <p>Refractive surgery? Yes No If Yes, Certificate of Ophthalmic Prac. required</p> </div> </div>		
<div> <div> <b>Visual Acuity</b> </div> <div> <p><b>Test each eye separately with letter chart at 6 m</b> Record in metric Snellen notation. e.g. 6/9 Record number of errors made in smallest line read. e.g. 6/9 -3 RE LE</p> <p>Unaided (without contact lenses or spectacles) 6/ 6/</p> <p>Aided (with contact lenses or spectacles) 6/ 6/</p> </div> </div>		
<div> <div> <b>Eye Movement</b> </div> <div> <p>Evidence of past or present diplopia? Yes No If Yes, applicant must complete a full eyesight examination and full assessment of their ocular mobility</p> </div> </div>		
<div> <div> <b>Visual Fields</b> </div> <div> <p><b>Complete a confrontation test for each eye separately</b></p> <p>Ocular or general medical history that suggests the possibility of visual field loss? Yes No</p> <p>Confrontation test suggest a loss of visual fields in either eye? Yes No</p> </div> </div>		
<div> <div> <b>Visual Fields</b> </div> <div> <p><b>Test with Ishihara</b> More than three (3) errors is a FAIL indicating abnormal colour vision. (For first licence only, not required for licence renewal)</p> <p>Ishihara test failed? Yes No</p> <p>If Yes, the applicant 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 Farnsworth D15 test, to test the severity of the colour vision defect. Any individual who fails the Farnsworth D15 test by making two or more diametrical crossings is assessed as UNFIT.</p> </div> </div>		

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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.

Note the requirements of point 1.5 of the *Motorsport Australia Medical Standards* ([motorsport.org.au/medical](http://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: \_\_\_\_\_

Address of medical examiner: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

MEDICAL  
EXAMINERS  
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](mailto:memberservices@motorsport.org.au)