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.
- 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

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					Motorsport Australia Member/licence no. (if applicable)	
General					Maligna	
Height		(m)			Any curre	
Weight		(kg)			Central I	
Body Mass Index (BMI)	weig	ht/(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?	:		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		(mg/dL)			Visual A	
Respiratory System					Test each	
Abnormality(s) of the respir	atory sys	tem?	Yes	No	Record n	
Smoking status			Never s	moked	Unaided	
			Previously smoked		Aided (wit	
			Currently 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	
			Glucose		suggests Confront	
			Other al	onormality(s)?	fields in e	
Locomotor System					Test with More tha	
Physical deformity/amputation or use of orthopaedic appliance?			Yes	No	(For first m	
Is there any impaired functional use, either from above or otherwise?					Ishihara t	

	(if applicable)					
Malignancy						
Any current malignancy of any syste than non-melanoma skin cancer?	em, other	Yes	No			
Central Nervous System						
Abnormality(s) of cranial nerves/limb power/coordination/tendon/plantar		Yes	No			
Sensory impairment?		Yes	No			
Note the concussion protocol in <i>Motorsport Australia Medical Standards</i> (motorsport.org.au/medical), specifically point 4.6c						
ENT System						
Evidence of past or present vestibul disturbance, including intermittent of		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. require	ed	Yes	No			
Refractive surgery? If Yes, Certificate of Ophthalmic Prac. require	ed	Yes	No			

Licence

level/type

Test each eye separately with letter chart at 6 m

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

Unaided (without contact lenses or spectacles) 6/ 6/ Aided (with contact lenses or spectacles) 6/ 6/

Eye Movement

Visual Acuity

Evidence of past or present diplopia? Yes If Yes, applicant must complete a full eyesight examination and full assessment of their ocular mobility

Visual Fields

Complete a confrontation test for each eye separately

Ocular or general medical history that Yes No suggests the possibility of visual field loss? Confrontation test suggest a loss of visual Yes No fields in either eye?

Test with Ishihara

No

Yes

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

Ishihara test failed? Yes No

If Yes, the applicant will likely need to be referred for a full $% \left\{ \left(1\right) \right\} =\left\{ \left(1\right) \right\} =\left\{$ evesight 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 diamettrical crossings is assessed as UNFIT.

Impaired use/movement of any limb/joint/hand/foot which might

compromise control of a motor vehicle?

(motorsport.org.au/medical) in regards to physical disability

Note the requirements of point 2.1 of the Motorsport Australia Medical Standards

No

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Α	resting ECG is required with copy of the ECG chart/report the the requirements of point 1.5 of the M	t must be submitted as p	part of the medical examinat	ion form. n regards to Mandatory Frequency of Examination	
E	CG Results:	/	Oth	ner comments:	
E	CG abnormal?	Yes No			
lf	abnormal, date completed:				
E	kaminer's Comments				
1	On history:				
2	Are there any unfavourable	traits in applicant's pers	sonality, revealed by history,	appearance or behaviour?	
3				orsport Australia Anti-Doping policy,	
	or inhaled asthma medication	ons? If so, please advise o	drug, dosage and reason:		
4	In your opinion, is the applic	cant fit to participate in I	motorsport? Yes	No Further assessment	
St	tatement by Registered	l General Practition	er		
Th	e applicant was examined on	:		Examiner's signature	
Αŗ	oplicant's photo ID sighted?	YES	NO		
Ar	e you the applicant's normal	GP? YES	NO		
Na	ame of medical examiner:			MEDICAL	
Ac	ddress of medical examiner:			EXAMINERS	
Su	burb:	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