

**FORM A**



**FORM A**

- To be completed and retained by medical practitioner
- Additional medical clearance required for conditions listed on Health Statement
- Required for all first time applicants, and every two years for applicants 60 years of age and over. Form A is not submitted to Motorsport Australia, unless specifically requested.

For exact requirements please visit [motorsport.org.au/licence/medical/](http://motorsport.org.au/licence/medical/)

**! IMPORTANT INFORMATION**

- **The Medical Practitioner should refer to the Motorsport Australia Medical Standards ([motorsport.org.au/medical](http://motorsport.org.au/medical)) in conducting the examination.**
- **Applicant's photo ID** required to be sighted by the attending Medical Practitioner.
- Any specialists' reports or pathology or radiology results relevant to this application **must be submitted with Form B.**
- If the applicant wears contact lenses, **a certificate from the Ophthalmic Practitioner** who fitted them must be submitted with this Medical Examination Record.  
**The certificate must state the applicant's (i) stability, (ii) duration of daily use and (iii) condition.**
- **This medical is valid for three months** from the date of examiner's signature.

**Applicant's name**

**Member Number**  
*(if applicable)*

**Licence level/type**  
*(if applicable)*

General		Respiratory System		Central Nervous System	
Height	(m)	Abnormality(s) of the respiratory system?	Yes	No	Abnormality(s) of cranial nerves/limb tone/power/coordination/tendon/plantar response?
Weight	(kg)	Smoking status	Never smoked	Yes	No
BMI	weight/(height) <sup>2</sup>		Previously smoked	Yes	No
			Currently smokes	Yes	No
Cardiovascular System		ENT System		Locomotor System	
Pulse rate	Max. 100	Evidence of past or present vestibular disturbance, including intermittent conditions?	Yes	No	Physical deformity/amputation or use of orthopaedic appliance?
Rhythm abnormal?	Yes		Yes	No	Yes
Blood pressure	/	Abnormality(s) of the ENT system?	Yes	No	No
Peripheral pulses abnormal?	Yes		Yes	No	Is there any impaired functional use, either from above or otherwise?
Familial hypercholesterolaemia?	Yes		Yes	No	Yes
Evidence of past or present ischaemic heart disease?	Yes		Yes	No	No
Total Cholesterol	(mg/dL)	Urinary System		Yes	No
Fasting Lipids	LDL (mg/dL)	Does the urine contain:	Protein	Glucose	Impaired use/movement of any limb/joint/hand/foot which might compromise control of a motor vehicle?
	HDL (mg/dL)		Other abnormality(s)?		Yes
Fasting Glucose	(mg/dL)	Malignancy		Yes	No
		Any current malignancy of any system, other than non-melanoma skin cancer?	Yes	No	Abdomen
			Yes	No	Abnormality(s) of the abdomen?
			Yes	No	Yes
			Yes	No	No

Note the concussion protocol in *Motorsport Australia Medical Standards ([motorsport.org.au/medical](http://motorsport.org.au/medical))*, specifically point 4.6c

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

Visual System	Visual Fields	Electrocardiogram (ECG)
Abnormality(s) of the eyes? <span style="float:right">Yes No</span> Contact lenses? <span style="float:right">Yes No</span> <i>If Yes, Certificate of Ophthalmic Practitioner required</i> Refractive surgery? <span style="float:right">Yes No</span> <i>If Yes, Certificate of Ophthalmic Practitioner required</i>	<b>Complete a confrontation test for each eye separately</b> Ocular or general medical history that suggests the possibility of visual field loss? <span style="float:right">Yes No</span> Confrontation test suggest a loss of visual fields in either eye? <span style="float:right">Yes No</span>	<b>A resting ECG is required with all Medical Examinations.</b> A copy of the ECG chart/report must be submitted as part of the Medical Examination Record. Note the requirements of point 1.5 of the <i>Motorsport Australia Medical Standards</i> ( <a href="http://motorsport.org.au/medical">motorsport.org.au/medical</a> ), in regards to Mandatory Frequency of Examination ECG Results <span style="float:right">/</span> ECG abnormal? <span style="float:right">Yes No</span> If abnormal, date completed Comments
<b>Visual Acuity</b> <b>Test each eye separately with letter chart at 6 m distance</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 Unaided <span style="float:right">6/ 6/</span> <i>Without contact lenses or spectacles</i> Aided <span style="float:right">6/ 6/</span> <i>With contact lenses or spectacles</i>	<b>Test with Ishihara</b> More than three (3) errors is a fail indicating abnormal colour vision. <i>(For first medical only, not required for licence renewal)</i> Ishihara test failed? <span style="float:right">Yes No</span> <i>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.</i>	
<b>Eye Movement</b> Evidence of past or present diplopia? <i>If Yes, applicant must complete a full eyesight examination and full assessment of their ocular mobility</i> <span style="float:right">Yes No</span>		



**FIT TO PARTICIPATE**

**In your opinion as a Medical Practitioner, is the applicant fit to participate in motorsport in accordance with the Motorsport Australia Medical Standards?**

Yes No Further assessment required



**STATEMENT BY REGISTERED GENERAL PRACTITIONER**

Name of medical examiner Date the applicant was examined on

Applicant's photo ID sighted? Yes No

Are you the applicant's normal GP? Yes No

Was this medical examination performed in line with the Motorsport Australia Medical Standards? Yes No

Address of medical examiner

Suburb State Postcode

MEDICAL EXAMINER'S STAMP

Examiner's signature



**IMPORTANT | This medical is valid for three months from the date of examiner's signature**

**FORM B**



**FORM B**

- To be completed by medical practitioner and sent to Motorsport Australia
- Please return completed record to:  
**Motorsport Australia**  
**Mail:** PO Box, 172 Canterbury LPO, VIC, 3126  
**Email:** memberservices@motorsport.org.au

**Applicant's name**

**Motorsport Australia ID**  
*(if applicable)*

**Licence level/type**  
*(if applicable)*



**FIT TO PARTICIPATE**

**In your opinion as a Medical Practitioner, is the applicant fit to participate in motorsport in accordance with the Motorsport Australia Medical Standards?**

Yes

No

Further assessment required



**STATEMENT BY REGISTERED GENERAL PRACTITIONER**

Name of medical examiner

Date the applicant was examined on

Applicant's photo ID sighted?

Yes

No

Examiner's signature

Are you the applicant's normal GP?

Yes

No

Was this medical examination performed in line with the Motorsport Australia Medical Standards?

Yes

No

Address of medical examiner

Suburb

State

Postcode

MEDICAL EXAMINER'S STAMP

 **HEALTH STATEMENT**  
TO BE COMPLETED BY ALL APPLICANTS

Please indicate if the applicant has any significant or recurrent problems with any of the following:

- |   |  |
|---|--|
| Anxiety/depression or other mental health condition | Headaches/migraine/head injury   |
| Diabetes  | Heart disease  |
| Epilepsy  | Any medical condition that may negatively impact their capacity to safely participate in motorsport activities |
| Fits/fainting/dizziness                             | Please specify   |

If any of the above had been ticked, the applicant is required to provide additional information relating to their condition.

For more information go to: [motorsport.org.au/medical](http://motorsport.org.au/medical) or contact Member Services on 1300 883 959

Please indicate if the applicant is affected by any of the following conditions:

- Colour blindness
- Is vision correction required?
- Monocular Vision

Please indicate if the applicant is affected by any of the following conditions:

- Does the applicant suffer from any allergies? *Please specify*
- Hearing loss or deafness
- Does the applicant wear glasses or contact lenses when driving?

If any of the above had been ticked, the applicant is **not** required to provide any additional information relating to these conditions and can continue with their application.

Provide details of any other medical condition or disability which could restrict the applicant generally

*(e.g. Knee injury, broken foot, broken arm)*

Motorsport Australia may request further information from the applicant or Medical Practitioner before accepting the application for a licence. Depending on medical history or status, Motorsport Australia may not be able to issue the applicant with a licence.

Please note that the applicant is under a continuing obligation to inform Motorsport Australia of any medical matter that may or could impact the applicant's physical or mental capacity to participate in Motorsport Activities.

 **EXAMINER'S COMMENTS**

Comments on applicant's medical history

**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:

**APPLICANT MUST SUBMIT FORM B TO MOTORSPORT AUSTRALIA**