

Date                    -                    -

Surname

Given Name/s

Motorsport Australia ID

State

Dear applicant,

### **Ophthalmologist report**

To enable us to process your competition licence we require a report from an Ophthalmologist regarding your vision.

The report must include the following:

- How long you have had this problem
- What was the cause
- Visual Acuity
- Horizontal field of vision

Other items you are required to obtain are:

- A reference from your car club president and competitor peer group showing that they are happy for you to compete
- A resume of your driving experience, both civil and sporting

We are keen to issue your licence and will appreciate your response to this request. Please attach this letter to the front of your medical report and forward it to:

**Email:** [memberservices@motorsport.org.au](mailto:memberservices@motorsport.org.au)

**Mail:** Motorsport Australia  
Member Services  
PO Box 172  
Canterbury LPO, VIC 3126

If you have any other queries please call the Motorsport Australia Member Services Team on 1300 883 959.

Yours sincerely,

**Motorsport Australia Member Services Team**