

Important If significant abnormalities are found, please obtain specialist opinion or pathology as indicated and return with this form. If doubtful, refer to the Member Hotline — 1300 883 959.

Notes:

1. Photo ID required.
2. Please attach any Specialists' reports or any pathology or radiology results relevant to this application.
3. 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.
4. 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
5. References to Cardiovascular or CV score allude to the Framingham Study.
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.

Member's name: _____ Member (licence) no: _____ Licence level: _____

What is the applicant's: Height (in cm) _____ Weight (in kg) _____ Body Mass Index _____ CV Score _____

Reference to CV Score chart also required for all applicants.

Cardiovascular System

What is the pulse rate? (MAX 100) _____

Is the rhythm abnormal? **Yes** **No**

What is the blood pressure? (MAX 150/90) _____ / _____

Are the peripheral pulses abnormal? **Yes** **No**

Is there any evidence in the history or examination of past or present ischaemic heart disease? **Yes** **No**

Fasting LIPIDS LDL _____

HDL _____

Fasting GLUCOSE _____

Respiratory System

Is there any abnormality of the respiratory system on examination? **Yes** **No**

Is the applicant a smoker? **Yes** **No**

Abdomen

Is there any abnormality of the abdomen on clinical examination? **Yes** **No**

Urinary Examination

Does the applicant's urine contain Protein **Yes** **No**

Glucose **Yes** **No**

Other abnormality? **Yes** **No**

Locomotor System

1. Physical deformity, amputation or use of any orthopaedic appliance? **Yes** **No**

2. Is there any impaired functional use, either from 1 (above) or otherwise? **Yes** **No**

Has the applicant impaired use or movement of any limb, joint, hand or foot which might impair or compromise control of a motor vehicle? **Yes** **No**

Central Nervous System

Is there abnormality of the cranial nerves, limb tone, power or co-ordination or tendon or plantar response on examination? **Yes** **No**

Is there any sensory impairment? **Yes** **No**

ENT System

Is there any evidence of past or present vestibular disturbance, including intermittent conditions? **Yes** **No**

Is there any abnormality of the ENT system on clinical examination? **Yes** **No**

Visual System

Has the applicant any evident abnormality of the eyes? **Yes** **No**

Are contact lenses worn? (Certificate of Ophthalmic Prac. required if YES)

Has the applicant undergone refractive surgery? (Certificate of Ophthalmic Practitioner required if YES)

Visual Acuity

Test each eye separately with letter chart at 6m

Record in metric Snellen notation: eg, 6/9

Record number of errors made in smallest line read: eg, 6/9 -3 RE LE

Unaided (without contact lenses or spectacles) 6/ _____ 6/ _____

With spectacles or contact lenses 6/ _____ 6/ _____

Visual fields

Do a confrontation test for each eye separately.

Is there any ocular or general medical history that suggests the possibility of visual field loss? **Yes** **No**

Does the confrontation test suggest a loss of visual fields in either eye? **Yes** **No**

Colour vision

Test with Ishihara for first licence only.

More than three (3) errors is a FAIL indicating abnormal colour vision.

Ishihara test failed? **Yes** **No**

If YES, the applicant will most likely need to be referred for a full eyesight examination by an optometrist or an ophthalmologist or

when visual acuity (with glasses if any or unaided if no glasses) is:

– less than a full 6/7.5 in either eye (International Licence)

– less than 6/9 -2 in the better eye or less than 6/18 -2

in the other eye (National Licence)

The applicant should contact Motorsport Australia to obtain a copy of the Vision Report Form to be completed by the optometrist or ophthalmologist they consult. When completed, the form should be returned to Motorsport Australia and included with the Medical Examination Record. Motorsport Australia will take into account the optometrist/ophthalmologist report when determining the applicant's fitness to participate in motor sport.

ECG

A **resting ECG** is required with **all** Medical Examinations.
For International Licence applicants, a **Stress ECG** is required every **second year after age 45**.

Stress ECG

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 motor sport?** **YES** **NO** **FURTHER ASSESSMENT****Statement by Registered General Practitioner**

The applicant was examined on: _____ - _____ - _____

Examiner's signature

Applicant's photo ID sighted? **YES** **NO**

SIGN HERE

Are you the applicant's normal GP? **YES** **NO**

Name of medical examiner: _____

Address of medical examiner: _____

Suburb: _____ State: _____ Postcode: _____

**This medical is only valid for 3 months from the date of examiners signature****Please return to: MEMBER SERVICES, PO BOX 172 CANTERBURY VIC 3126 or email to: memberservices@motorsport.org.au****MEMBER SERVICES AND STATE MEDICAL ASSESSORS USE ONLY**

MEMBER NO.

NEXT EXAM DUE

INT

Medical every year

NAT

Medical every two years

UNFIT

MEDICAL DETAILS TO BE ENTERED ON LICENCE:VISUAL CORRECTION REQUIRED? **YES** **NO**

OTHER (PLEASE SPECIFY): _____

ASSESSOR'S SIGNATURE

SIGN HERE

DATE _____ - _____