

MEDICAL EXAMINATION FORM

<p>PLEASE NOTE: - Please complete all sections on this side of the page prior to medical examination when making appointment.</p> <p>SURNAME: _____ FIRST NAME: _____</p> <p>ADDRESS: _____</p> <p>_____ POSTCODE: _____</p> <p>Phone Number: (____) _____ Date of Birth: ____/____/____</p> <p>PREVIOUS YEAR APBA LICENCE: YEAR _____ Number _____</p> <p>Have you ever been refused: an APBA, CAMS, Pilots Licence, Life Insurance, Defence Forces application? YES " NO "</p> <p>Since your last medical: Has your health status changed? YES " NO "</p> <p>Have you suffered any injury of any kind? YES " NO "</p>	<p style="text-align: center;">OFFICE USE ONLY</p> <p>LICENCE NUMBER: _____</p> <p>UNFIT / REFER ASSESSOR</p> <p>YEAR: _____</p> <p>NEXT EXAM DUE: _____</p> <p>Medical details to be noted on licence:</p> <p style="text-align: center;">Visual Correction Required.</p> <p style="text-align: center;">Yes No</p> <p>Signature: _____</p> <p>Date: _____</p>
---	--

Have you ever suffered from:

1	Nervous Disorder (Nerves, Neurasthenia or anxiety attack)	YES "	NO "						
2	Headaches?	YES "	NO "						
3	Fits or convulsions, blackouts, fainting or giddiness?	YES "	NO "						
4	Asthma or lung disease?	YES "	NO "						
5	Epilepsy?	YES "	NO "						
6	Head Injury or concussion?	YES "	NO "						
7	Diabetes?	YES "	NO "						
8	Heart Disease	YES "	NO "						
9	Deafness or noises in the ear?	YES "	NO "						
10	Earache or discharge?	YES "	NO "						
11	Surgical operation?	YES "	NO "						
12	Injuries related to Motor Sport?	YES "	NO "						
13	Other injuries?	YES "	NO "						
14	Other illnesses not mentioned?	YES "	NO "						
15	Do you take medication, tablets, or some other form of medication on a regular basis?	YES "	NO "						
16	Do you have any known allergies?	YES "	NO "						
17	Bleeding disorders?	YES "	NO "						

<p>IF YES TO ANY OF THE ABOVE, STATE QUESTION No AND GIVE FULL DETAILS HERE <i>(Attach a separate sheet if insufficient space provided)</i></p>	
--	--

DECLARATION: *(An applicant making a false declaration is liable to refusal or cancellation of licence)*

In case of a dispute, I understand that the APBA Medical Assessor will make the final decision.

I hereby declare that I have not withheld any relevant information or made any misleading statement. Furthermore, I declare that, should any of the above conditions become evident during the currency of this licence, I agree to abstain from exercising the privileges of this licence, and to notify the APBA Medical Assessor and submit myself to a further medical examination, the results of which are to be forwarded to that assessor.

I undertake not to use any drugs, medication or substances that might be considered illegal within a period of 48 hours prior to using my general competition licence that might have any affect upon my performance, concentration or driving ability. I agree to undertake any drug analysis tests, including for alcohol that may be considered necessary by the APBA.

I hereby give my full authority to the APBA Medical Assessor to obtain the relevant Clinical Records, X-Ray and Pathology Reports and from any Medical Officer I have previously attended.

For Female Applicants: I agree to abstain from exercising the privileges of this Licence while in the last six (6) months of pregnancy.

SIGNATURE OF APPLICANT:	DATE:

SIGNATURE OF MEDICAL PRACTITIONER:	PRINT NAME:	DATE:
ADDRESS:		

<p style="text-align: center;">IMPORTANT</p> <p style="text-align: center;">This section to be completed by your <u>DOCTOR</u></p> <p>If significant abnormalities are found, please obtain specialist opinion or pathology as indicated and return with this form.</p> <p>If doubtful refer to the APBA State Council Licence Issuing Officer</p>	<p style="text-align: center;">MEDICAL EXAMINATION – (Notes for examiners)</p> <p>1 Please attach any specialists' reports or any pathology or radiology results relevant to this application</p> <p>2 If the applicant wears contact lenses, please attach to this report a certificate from the Ophthalmic Practitioner who fitted them stating their (1) suitability, (2) duration of daily use and (3) suitability to motor boat racing.</p> <p>3 The Normal answer to each of the questions below is NO.</p> <p style="text-align: center;">In respect of each YES response, further details should be provided in EXAMINERS COMMENTS</p>
--	---

Please Tick (P) the appropriate Column

CARDIOVASCULAR	Yes	No
What is the pulse rate?		
Is the rhythm normal?	Y	N
Blood pressure reading	/	
Are the peripheral pulses abnormal?	Y	N
Is there any evidence in the history or examination of past or present ischaemic heart disease?	Y	N

RESPIRATORY SYSTEM	Yes	No
Is there any abnormality of the respiratory system on examination?	Y	N

ABDOMEN	Yes	No
Is there any abnormality of the abdomen on clinical examination?	Y	N

URINE EXAMINATION	Yes	No
Does the applicants urine contain:		
Protein: _____	Y	N
Glucose: _____	Y	N
Other abnormalities:	Y	N

LOCOMOTOR SYSTEM	Yes	No
Has the applicant undergone amputation of any limb or part of a limb, or is there any physical deformity?	Y	N
Does the applicant wear any form of orthopaedic device?	Y	N
Has the applicant impaired use or movement of any limb, joint, hand or foot, which might impair or compromise control of a motorboat at speed?	Y	N

CENTRAL NERVOUS SYSTEM	Yes	No
Is there any abnormality of the cranial nerves, limb tone, power or co-ordination or tendon or plantar response on examination?	Y	N
Is there any sensory impairment?	Y	N

ENT SYSTEM	Yes	No
Is there any evidence of past or present vestibular disturbance, including intermittent conditions?	Y	N
Is there any abnormality of the ENT System on clinical examination?	Y	N

VISUAL SYSTEM	Yes	No
Has the applicant any deformities of the eyes?	Y	N
Is there evidence of horizontal or vertical squint?	Y	N
Is there abnormality or defect in the visual fields on confrontation?	Y	N

VISUAL ACUITY	FOR DISTANCE (SNELLENS)	
	R	L
Unaided	6/	6/
Spectacles	6/	6/
Contacts	6/	6/
Is colour vision abnormal?	Y	N
Was Ishihara method used?	Y	N
If NO please specify method:		

NOTABLE PROBLEMS / CONDITIONS:				
Medications:				
Disabilities:				
Allergies:				
EXAMINERS COMMENTS:				
Are there any unfavourable traits in the applicants' personality, revealed by history, appearance or behaviour?				
In your opinion, is the applicant fit to participate in motor boat racing?		YES	NO	DOUBTFUL
STATEMENT BY EXAMINER: I have today personally examined this applicant.	_____ Signature	_____ Date	Print or Stamp Name and Address:	