



AUSTRALIAN KARTING ASSOCIATION INC.

MEDICAL EXAMINATION RECORD

NOTE: APPLICANT – PLEASE COMPLETE ALL SECTIONS WITHIN THE DARK LINE PRIOR TO MEDICAL EXAMINATION WHEN MAKING APPOINTMENT PLEASE ADVISE DOCTOR'S RECEPTIONIST THAT AN EXTENDED CONSULTATION WILL BE REQUIRED.

THIS EXAMINATION IS INELIGIBLE FOR MEDICARE REBATES
PRINT NAME – WRITE CLEARLY

SURNAME	FIRST NAME
ADDRESS IN FULL	
<hr/> <hr/> <hr/>	
POSTCODE	
PHONE BUS:- PRIV:-	OCCUPATION
Date of Birth	Age

OFFICE USE ONLY GRADE

LICENCE NO.			UNFIT <small>REFER ASSESSOR</small>
YEAR	NEXT EXAM DUE		
MEDICAL DETAILS TO BE ENTERED ON LICENCE			
VISUAL CORRECTION REQUIRED: YES NO			
<hr/> <hr/> <hr/>			
ASSESSOR'S SIG.	DATE		

Class of Licence Required INTERNATIONAL <input type="checkbox"/> NATIONAL <input type="checkbox"/>	Previous AKA Licence YEAR _____ NUMBER _____	BLOOD GRP _____ TETANUS IMMUNISATION Date..... MANDATORY FOR INTERNATIONAL LICENCE ONLY
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STATEMENT BY APPLICANT

1. Is this your first AKA medical examination? YES/NO
If YES go to No.4
2. Since your last AKA medical examination
 - 1 – Has your health status changed? YES/NO If YES go to No. 4
 - 2 – Have you suffered any injury or been involved in any accident, of any kind? YES/NO If YES go to No. 4
3. Is this an application to change licence status? YES/NO
If YES go to No. 4
If NO go to DECLARATION below

	Answer Yes or No	
4. Have you ever suffered from –		
4.1 Any nervous disorder – including nerves, Neurasthenia or anxiety state?	4.10 Anaemia or any other blood disease?
4.2 Headaches requiring medical attention?	4.11 Deafness or noises in the ear?
4.3 Fits or convulsions, turns or blackouts, Fainting or giddiness?	4.12 Earache or discharge from the ear?
4.4 Head injury or concussion?	4.13 Chronic sinusitis?
4.5 Tuberculosis or other lung trouble?	4.14 Any surgical operations?
4.6 Rheumatic fever or heart disease?	4.15 Any injuries related to motor sport?
4.7 Indigestion, gastric or duodenal ulcer?	4.16 Any other injuries?
4.8 Kidney or bladder trouble?	4.17 Any illnesses not already mentioned?
4.9 Diabetes?	4.18 Are you taking any injections, tablets or other medical forms of medication, or have you been on medication in the past?
		4.19 Any known allergies?

IF YES TO ANY OF THE ABOVE, GIVE FULL DETAILS HERE

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DECLARATION

(An application making a false declaration is liable to refusal or cancellation of licence.)
 I hereby declare that I have carefully considered the statements above, and that, to the best of my belief, they are complete and correct, and 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 AKA Medical Assessor and submit myself for further medical examination, the results of which are to be forwarded to that Assessor.
 I undertake not to use any drugs or medication that might be considered illegal; or within a period of 24 hours prior to using my general competition licence, that might have any effect upon my performance, concentration or driving ability. I agree to undertake any drug analysis tests, including any for alcohol that may be considered necessary by AKA.
 I hereby give my full authority to the AKA Medical Assessor to obtain information from relevant Clinical Records, X-Ray and Pathology Reports and from any Medical Officer I have previously attended.

DATE	SIGNATURE OF APPLICANT	WITNESS – MEDICAL EXAMINER
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IMPORTANT

IF SIGNIFICANT ABNORMALITIES ARE FOUND, PLEASE OBTAIN SPECIALST OPINION OR PATHOLOGY AS INDICATED AND RETURN WITH THIS FORM. IF DOUBTFUL, REFER TO AKA.

MEDICAL EXAMINATION (NOTES FOR EXAMINERS)

1. Please attach any Specialists' reports or any pathology or radiology results relevant to this application.
2. If the applicant wears contact lenses please attached to this report a certificate from the Ophthalmic Practitioner who fitted them stating their (1) stability (2) duration of use daily (3) suitability for motor racing.
3. The "normal" answer to each question below is NO. In respect of each YES response, further details should be provided in EXAMINER'S COMMENTS.

Please tick appropriate columns

5. WHAT IS THE APPLICANTS:		HEIGHT	CMS	WEIGHT	KGS	BODY MASS INDEX:			
CARDIOVASCULAR SYSTEM	YES	NO	LOCOMOTOR SYSTEM		YES	NO	VISUAL SYSTEM	YES	NO
What is the pulse rate?			Has the applicant undergone amputation of any limb or part of a limb, or is there any physical deformity?				Is there any history of past or present eye disease?		
Is the rhythm abnormal?			Does the applicant wear any form of orthopaedic appliance?				Is there any history of double vision?		
What is the blood pressure?			Has the applicant impaired use or movement of any limb, joint, hand or foot, which might impair or compromise control of a motor vehicle?				Has the applicant any evident abnormalities of the eyes?		
Are the peripheral pulses abnormal?							VISUAL ACUITY – Test each eye separately with letter chart at 6m. Record in metric Snellen notation: 3g 6/9. Record number of errors made		
Is there any evidence in the history or examination of past or present ischaemic heart disease?									
RESPIRATORY SYSTEM			CENTRAL NERVOUS SYSTEM				In smallest line read eg 6/9-3	FOR DISTANCE (SNELLENS) RE LE	
Is there any abnormality of the respiratory system on examination?			Is there abnormality of the cranial nerves, limb tone, power or coordination or tendon or plantar response on examination?					6/	6/
ABDOMEN			Is there any sensory impairment?				Unaided	6/	6/
URINE EXAMINATION			ENT SYSTEM				Spectacles		
Does the applicant's urine contain			Is there any evidence of past or present vestibular disturbance, including intermittent conditions?				VISUAL FIELDS	YES	NO
Protein.....			Is there any abnormality of the ENT System on clinical examination?				Test each eye separately		
Glucose.....								Is there any ocular or general medical history that suggests the possibility of visual field loss?	
Other Abnormality.....							Does the confrontation test suggest a loss of visual fields in either eye?		
							COLOUR VISION		
							Must be able to identify all primary colours		
7.1 EXAMINERS COMMENTS: On history: (Attach additional sheet if required)									
7.2 On examination: (Attach additional sheet if required)									
7.3 Are there any unfavourable traits in applicant's personality, revealed by history, appearance or behaviour?									
7.3 In your opinion, is the applicant fit to participate in motor racing?					YES		NO		Doubtful
STATEMENT BY EXAMINER I have today personally examined this applicant.		 Signature Date			Name and Address			