

**AUSTRALIAN KARTING ASSOCIATION INC.**  
**MEDICAL EXAMINATION RECORD**



**OFFICE USE ONLY**  
**GRADE**

**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 style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	
POSTCODE	
PHONE BUS:- PRIV:-	OCCUPATION  Date of Birth      Age

LICENCE NO.			UNFIT <small>REFER ASSESSOR</small>
YEAR	NEXT EXAM DUE		

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

.....  
 .....  
 .....

ASSESSOR'S SIG.	DATE
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**Class of Licence Required**

INTERNATIONAL

NATIONAL

**Previous AKA Licence**

YEAR \_\_\_\_\_

NUMBER \_\_\_\_\_

BLOOD GRP \_\_\_\_\_ TETANUS IMMUNISATION \_\_\_\_\_

Date.....

MANDATORY FOR INTERNATIONAL LICENCE ONLY

**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

<ol style="list-style-type: none"> <li>4. Have you ever suffered from –</li> <li>4.1 Any nervous disorder – including nerves, Neurasthenia or anxiety state?</li> <li>4.2 Headaches requiring medical attention?</li> <li>4.3 Fits or convulsions, turns or blackouts, Fainting or giddiness?</li> <li>4.4 Head injury or concussion?</li> <li>4.5 Tuberculosis or other lung trouble?</li> <li>4.6 Rheumatic fever or heart disease?</li> <li>4.7 Indigestion, gastric or duodenal ulcer?</li> <li>4.8 Kidney or bladder trouble?</li> <li>4.9 Diabetes?</li> </ol>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Answer Yes or No</td></tr> <tr><td>.....</td></tr> <tr><td>.....</td></tr> <tr><td>.....</td></tr> <tr><td>.....</td></tr> <tr><td>.....</td></tr> <tr><td>.....</td></tr> <tr><td>.....</td></tr> <tr><td>.....</td></tr> <tr><td>.....</td></tr> </table>	Answer Yes or No	.....	.....	.....	.....	.....	.....	.....	.....	.....	<ol style="list-style-type: none"> <li>4.10 Anaemia or any other blood disease? .....</li> <li>4.11 Deafness or noises in the ear? .....</li> <li>4.12 Earache or discharge from the ear? .....</li> <li>4.13 Chronic sinusitis? .....</li> <li>4.14 Any surgical operations? .....</li> <li>4.15 Any injuries related to motor sport? .....</li> <li>4.16 Any other injuries? .....</li> <li>4.17 Any illnesses not already mentioned? .....</li> <li>4.18 Are you taking any injections, tablets or other medical forms of medication, or have you been on medication in the past? .....</li> <li>4.19 Any known allergies? .....</li> </ol>
Answer Yes or No												
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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)**

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