

Medical Examination Record

(must be completed by a Medical Practitioner registered to practice medicine in Australia)



- ! **Applicable to Circuit, Rally and Superkart Licence Holders only**
(Rally licence holders required to complete Medical Examination Record as per changes implemented 1 August 2023)
- ! **If significant abnormalities are found, please obtain specialist opinion or pathology as indicated and return with this form. If doubtful, refer to the Motorsport Australia Member Hotline – 1300 883 959**
- ! **This medical is valid for 3 months from the date of examiners signature**

- 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. The 'normal' answer to each question below is 'NO'. In respect of each 'YES' response, further details should be provided in Examiner's Comments.

Applicant's name	Motorsport Australia Member/licence no. <i>(if applicable)</i>	Licence level/type <i>(if applicable)</i>
General		
Height (m)		
Weight (kg)		
Body Mass Index (BMI) weight/(height) ²		
Cardiovascular System		
Pulse rate <i>Max. 100</i>		
Rhythm abnormal?	Yes	No
Blood pressure <i>Max. 150/90 (mmHg)</i>	/	
Peripheral pulses abnormal?	Yes	No
Familial hypercholesterolaemia?	Yes	No
Evidence of past or present ischaemic heart disease?	Yes	No
Fasting Lipids	LDL (mm/dL)	
	HDL (mm/dL)	
Fasting Glucose (mm/dL)		
Respiratory System		
Abnormality(s) of the respiratory system?	Yes	No
Smoking status	Never smoked	
	Previously smoked	
	Currently smokes	
Abdomen		
Abnormality(s) of the abdomen?	Yes	No
Urinary System		
Does the urine contain:	Protein	
	Glucose	
	Other abnormality(s)?	
Locomotor System		
Physical deformity/amputation or use of orthopaedic appliance?	Yes	No
Is there any impaired functional use, either from above or otherwise?	Yes	No
Impaired use/movement of any limb/joint/hand/foot which might compromise control of a motor vehicle?	Yes	No
Note the requirements of point 2.1 of the <i>Motorsport Australia Medical Standards</i> (motorsport.org.au/medical) in regards to physical disability		
Malignancy		
Any current malignancy of any system, other than non-melanoma skin cancer?		Yes No
Central Nervous System		
Abnormality(s) of cranial nerves/limb tone/power/coordination/tendon/plantar response?		Yes No
Sensory impairment?		Yes No
Note the concussion protocol in <i>Motorsport Australia Medical Standards</i> (motorsport.org.au/medical), specifically point 4.6c		
ENT System		
Evidence of past or present vestibular disturbance, including intermittent conditions?		Yes No
Abnormality(s) of the ENT system?		Yes No
Visual System		
Abnormality(s) of the eyes?		Yes No
Contact lenses? <i>If Yes, Certificate of Ophthalmic Prac. required</i>		Yes No
Refractive surgery? <i>If Yes, Certificate of Ophthalmic Prac. required</i>		Yes No
Visual Acuity		
Test each eye separately with letter chart at 6 m		
Record in metric Snellen notation. <i>e.g. 6/9</i>		
Record number of errors made in smallest line read. <i>e.g. 6/9 -3 RE LE</i>		
Unaided (<i>without contact lenses or spectacles</i>)	6/	6/
Aided (<i>with contact lenses or spectacles</i>)	6/	6/
Eye Movement		
Evidence of past or present diplopia? <i>If Yes, applicant must complete a full eyesight examination and full assessment of their ocular mobility</i>		Yes No
Visual Fields		
Complete a confrontation test for each eye separately		
Ocular or general medical history that suggests the possibility of visual field loss?		Yes No
Confrontation test suggest a loss of visual fields in either eye?		Yes No
Visual Fields		
Test with Ishihara		
More than three (3) errors is a FAIL indicating abnormal colour vision. <i>(For first licence only, not required for licence renewal)</i>		
Ishihara test failed?		Yes No
<i>If Yes, the applicant will likely need to be referred for a full eyesight examination by an optometrist or an ophthalmologist</i> or <i>The further assessment of colour vision shall be complete via the Farnsworth D15 test, to test the severity of the colour vision defect. Any individual who fails the Farnsworth D15 test by making two or more diametrical crossings is assessed as UNFIT.</i>		

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ECG

A resting ECG is required with all Medical Examinations.

A copy of the ECG chart/report must be submitted as part of the medical examination form.

Note the requirements of point 1.5 of the *Motorsport Australia Medical Standards (motorsport.org.au/medical)* in regards to Mandatory Frequency of Examination

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 motorsport? **Yes** **No** **Further assessment**

Statement by Registered General Practitioner

The applicant was examined on: _____ - _____ - _____

Examiner's signature

Applicant's photo ID sighted? YES NO

Are you the applicant's normal GP? YES NO

Name of medical examiner: _____

Address of medical examiner: _____

Suburb: _____ State: _____ Postcode: _____



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Please return to: Motorsport Australia
Mail: PO Box 172 Canterbury LPO, VIC 3126
Email: memberservices@motorsport.org.au