



# Australian Speedway Drivers and Riders Association

## HEALTH STATEMENT

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

### TO BE COMPLETED BY APPLICANT

1.1	<b>What is your regular/preferred doctor's name and address?</b>	
	Name	_____
	Address:	_____
	Suburb:	_____
	Postcode:	_____
1.2	<b>Are you currently taking or have you taken any medication over the past 12 months?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If 'Yes' please list medications below. Please include medication prescribed by a doctor as well as alternative/natural remedies and medications you can purchase without prescription.	
	_____	
	_____	
1.3	<b>Do you have any allergies?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If 'Yes' please list below.	
	_____	
	_____	
1.4	<b>Have you had any surgical operations?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If 'Yes' please list below.	
	_____	
	_____	
1.5	<b>Have you ever suffered an illness that has required treatment by a specialist or a hospital doctor?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If 'Yes' please list below.	
	_____	
	_____	
1.6	<b>Do you have any other condition that may affect your ability to drive a vehicle?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If 'Yes' please list below.	
	_____	
	_____	
1.7	<b>Do you wear glasses or contact lenses?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.8	<b>Have you ever smoked more than 10 cigarettes per day?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.9	<b>Are you currently a smoker?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

### APPLICANT'S DECLARATION

#### Statement to be read and completed by applicant

I have answered all the above questions honestly and completely and undertake that all health and medical information is true and correct.

I will advise ASDRA immediately should there be any change to the information provided in this statement.

**For female applicants:** I agree to abstain from exercising the privileges of this licence while in the last four months of pregnancy.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_