### Australian Speedway Drivers and Riders Association

## MEDICAL EXAMINATION TO BE COMPLETED BY A MEDICAL PRACTITIONER

| Full | Name     | of A     | polica | nt: |
|------|----------|----------|--------|-----|
|      | 1 101110 | O 1. 4 1 | ppiica |     |

Age:

|        | t is the<br>cant's: | Height (cm)  | Weight (l     | kg)           | Body M   | lass Index | Pulse Rate                            | Blood Pressure                     |
|--------|---------------------|--|---------------|---------------|----------|------------|---------------------------------------|------------------------------------|
|        |                     |  |               |               |          | Normal     | Abnormal                              | Comments                           |
| 3.1    | History             | suggesting Heart Dise  | ease?         |               |          |            |                                       |                                    |
| 3.2    | Heart S             | Sounds   |               |               |          |            |                                       |                                    |
| 3.3    | Periph              | eral Circulation   |               |               |          |            |                                       |                                    |
| 3.4    | History             | suggesting Respirator  | ry Disease?   |               |          |            |                                       |                                    |
| 3.5    | Respir              | atory system   |               |               |          |            |                                       |                                    |
| 3.6    | Abdom               | en / Gastro-Intestinal S   | System        |               |          |            |                                       |                                    |
| 3.7    | History             | suggesting psychiatric   | or neurologic | al problems   | ?        |            |                                       |                                    |
| 3.8    | Crania              | Nerves   |               |               |          |            |                                       |                                    |
| 3.9    | Upper               | Limbs - Power, Tone a  | ind Reflexes  |               |          |            |                                       |                                    |
| 3.10   | Lower               | Limbs - Power, Tone a  | ind Reflexes  |               |          |            |                                       |                                    |
| 3.11   | Skeleta             | al System and Joint Sy   | stem          |               |          |            | · · · · · · · · · · · · · · · · · · · |                                    |
| 3.12   | Hearing             | g / Vestibular System  |               |               |          |            |                                       |                                    |
| 3.13   | Co-ord              | ination  |               |               |          |            |                                       |                                    |
| 3.14   | Urine T             | esting   |               |               |          |            |                                       |                                    |
| 3.15   | History             | suggesting visual prot   | olems?        |               |          |            |                                       |                                    |
| 3.16   | Visual              | Fields   |               |               |          |            |                                       |                                    |
| 3.17   | Eye Mo              | evements   |               |               |          |            |                                       |                                    |
| 3.18   | Cover               | Test   |               |               |          |            |                                       |                                    |
| 3.19   | Colour              | Vision (Ishihara)  |               |               |          |            |                                       |                                    |
|        |                     | Visual Acuity  | Left          | Right         |          |            | Comment                               | S                                  |
|        |                     | Unaided  | /6            | /6            |          |            |                                       |                                    |
|        |                     | With correction  | /6            | /6            |          |            |                                       |                                    |
| ÆΙ     | DICA                | L PRACTITIC  | NERS D        | ECLAR         | RATIO    | N          |                                       |                                    |
|        |                     | be completed by Me   |               | ner:          |          |            |                                       |                                    |
|        |                     | ally examined the appl   |               | / /           | (Must be | •          |                                       |                                    |
| ⊃n the |                     | of my examination and<br>find no evidence of an                          |               |               |          |            | ne applicant from co                  | mpeting in speedway racing.        |
|        | safely in           | ler that the applicant m<br>n speedway racing.<br>provide reason for abo |               | _             |          |            | _                                     | effect upon the ability to compete |
| Name   | , addtre            | ess and Provider Nun   | nber of Medic | cal Practitio | oner:    |            |                                       |                                    |
|        |                     |  |               |               |          |            | Signed                                |                                    |

# Australian Speedway Drivers and Riders Association HEALTH STATEMENT

| Full Name | Date of Birth |  |  |  |
|-----------|---------------|--|--|--|
| Address   |               |  |  |  |

### TO BE COMPLETED BY APPLICANT

|    |   |       | <br>    |
|----|---|-------|---------|
| .1 | What is your regular/preferred doctor's name and address?   |       |         |
|    | Name:   |       | <br>_   |
|    | Address:  |       | $\neg$  |
|    | Suburb: Postcode:   |       |         |
| 2  | Are you currently taking or have you taken any medication over the past 12 months?  | Yes   | No      |
|    | If 'Yes' please list medications below.  Please include medication prescribed by a doctor as well as alternative/natural remedies and medications yo purchase without prescription. | u can |         |
|    | Do you have any allergies?  If 'Yes' please list below.   | Yes   | No      |
|    | Have you had any surgical operations?  If 'Yes' please list below.  | Yes   | No      |
|    | Have you ever suffered an illness that has required treatment by a specialist or a hospital doctor?  If 'Yes' please list below.  | Yes   | □<br>No |
|    | Do you have any other condition that may affect your ability to drive a vehicle?  If 'Yes' please list below.   | Yes   | No      |
| ,  | Do you wear glasses or contact lenses?  | ☐ Yes | <br>No  |
| }  | Have you ever smoked more than 10 cigarettes per day?   |       | No      |
|    |   | Yes   |         |
| )  | Are you currently a smoker?   | Yes   | 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: |  |
|-----------------------|-------|--|