

FORM A

- To be completed by a Medical Practitioner
- Required for all first time Circuit, Rally and Off Road applicants, and every two years for applicants 60 years of age and over
- Completed **Medical Examination Form A** is to be retained by the Medical Practitioner's Clinic, and kept on file while the applicant's Motorsport Australia licence is current and active
- This record is not to be submitted to Motorsport Australia, unless specifically requested by Motorsport Australia Member Services
- **Medical Examination Form B** is to be completed by a Medical Practitioner and submitted to Motorsport Australia Member Services

IMPORTANT

- **The Medical Practitioner is required to have a thorough understanding of the Motorsport Australia Medical Standards** (motorsport.org.au/medical) **prior to completing the examination**
- **The medical examination must be completed in accordance with the Motorsport Australia Medical Standards**
- **Medical Examination Record applicable to Circuit, Rally, Off Road and Superkart licence holders only**
(Off Road Rally licence holders required to complete Medical Examination Record as per changes implemented 1 December 2024 and 1 August 2023 respectively.)
- **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 three months** from the date of examiner's signature



Information to assist completing Medical Examination Record

1. Applicant's photo ID required to be sighted by the Medical Practitioner completing this report
2. Any Specialists' reports or pathology or radiology results relevant to this application must be submitted with this Medical Examination Record
3. If the applicant wears contact lenses, a certificate from the Ophthalmic Practitioner who fitted them must be submitted with this Medical Examination Record. The certificate must state the applicant's **(i) stability, (ii) duration of daily use and (iii) condition**
4. Body Mass Index (BMI) is used to estimate general health of an applicant. The BMI is calculated using the applicant's weight (kg) divided by the square of their height (m)

| | |
|-------|---------------------------|
| 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**. To each **Yes** response, further details should be provided in **Examiner's Comments**

Applicant's name

Motorsport Australia ID
(if applicable)

Licence level/type
(if applicable)

| General | Respiratory System | Central Nervous System |
|---|---|--|
| Height (m) | Abnormality(s) of the respiratory system? Yes No | Abnormality(s) of cranial nerves/limb tone/power/coordination/tendon/plantar response? Yes No |
| Weight (kg) | Smoking status: Never smoked, Previously smoked, Currently smokes | Sensory impairment? Yes No |
| BMI (weight/(height) ²) | | Note the concussion protocol in <i>Motorsport Australia Medical Standards</i> (motorsport.org.au/medical), specifically point 4.6c |
| Cardiovascular System | ENT System | Locomotor System |
| Pulse rate (Max. 100) | Evidence of past or present vestibular disturbance, including intermittent conditions? Yes No | Physical deformity/amputation or use of orthopaedic appliance? Yes No |
| Rhythm abnormal? Yes No | Abnormality(s) of the ENT system? Yes No | Is there any impaired functional use, either from above or otherwise? Yes No |
| Blood pressure (Max. 150/90 mmHg) / | Urinary System | Impaired use/movement of any limb/joint/hand/foot which might compromise control of a motor vehicle? Yes No |
| Peripheral pulses abnormal? Yes No | Does the urine contain: Protein, Glucose, Other abnormality(s)? | Note the requirements of point 2.1 of the <i>Motorsport Australia Medical Standards</i> (motorsport.org.au/medical) in regards to physical disability |
| Familial hypercholesterolaemia? Yes No | Malignancy | Abdomen |
| Evidence of past or present ischaemic heart disease? Yes No | Any current malignancy of any system, other than non-melanoma skin cancer? Yes No | Abnormality(s) of the abdomen? Yes No |
| Total Cholesterol (mg/dL) | | |
| Fasting Lipids (LDL (mg/dL), HDL (mg/dL)) | | |
| Fasting Glucose (mg/dL) | | |

Visual System

| | | |
|---|-----|----|
| Abnormality(s) of the eyes? | Yes | No |
| Contact lenses? <i>If Yes, Certificate of Ophthalmic Practitioner required</i> | Yes | No |
| Refractive surgery? <i>If Yes, Certificate of Ophthalmic Practitioner required</i> | Yes | No |

Visual Acuity

Test each eye separately with letter chart at 6 m distance
Record in metric Snellen notation. *e.g. 6/9*
Record number of errors made in smallest line read. *e.g. 6/9 -3 RE LE*

| | | |
|--|----|----|
| 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?
If Yes, applicant must complete a full eyesight examination and full assessment of their ocular mobility

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

Test with Ishihara
More than three (3) errors is a **fail** indicating abnormal colour vision.
(For first medical only, not required for licence renewal)

Ishihara test failed? Yes No

If Yes, the applicant will likely need to be referred for a full eyesight examination by an optometrist or an ophthalmologist
or
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.

Electrocardiogram (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 Record.

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 /

ECG abnormal? Yes No

If abnormal, date completed

— —

Comments

Fit to Participate

In your opinion as a Medical Practitioner, is the applicant fit to participate in motorsport in accordance with the Motorsport Australia Medical Standards?

Yes No Further assessment required

Statement by Registered General Practitioner

Name of medical examiner

Applicant's photo ID sighted? Yes No

Are you the applicant's normal GP? Yes No

Was this medical examination performed in line with the Motorsport Australia Medical Standards? Yes No

Address of medical examiner

Suburb

State

Postcode

Date the applicant was examined on

— —

Examiner's signature

MEDICAL EXAMINERS STAMP

ONCE FORM A IS COMPLETE, PLEASE COMPLETE FORM B

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- Medical Examination Form B** is to be completed by a Medical Practitioner and submitted to Motorsport Australia Member Services

IMPORTANT
This medical is valid for three months from the date of examiner's signature



FORM B

- To be completed by a Medical Practitioner
- Completed **Medical Examination Form B** is to be submitted to Motorsport Australia, as well as to be retained by the Medical Practitioner's Clinic, and kept on file while the applicant's Motorsport Australia licence is current and active
- Please return completed record to: **Motorsport Australia**
Mail: PO Box 172 Canterbury LPO, VIC 3126
Email: memberservices@motorsport.org.au

Applicant's name

Motorsport Australia ID
(if applicable)

Licence level/type
(if applicable)

Fit to Participate

In your opinion as a Medical Practitioner, is the applicant fit to participate in motorsport in accordance with the Motorsport Australia Medical Standards?

Yes

No

Further assessment required

Statement by Registered General Practitioner

Name of medical examiner

Date the applicant was examined on

Applicant's photo ID sighted?

Yes No

Are you the applicant's normal GP?

Yes No

Was this medical examination performed in line with the Motorsport Australia Medical Standards?

Yes No

Address of medical examiner

Suburb

State

Postcode

Examiner's signature

MEDICAL
EXAMINERS
STAMP

Health Statement (must be completed by all applicants)

Please indicate if the applicant has any significant or recurrent problems with any of the following:

Anxiety/depression or other mental health condition

Headaches/migraine/head injury

Diabetes

Heart disease

Epilepsy

Any medical condition that may negatively impact their capacity to safely participate in motorsport activities

Fits/fainting/dizziness

Please specify

If any of the above had been ticked, the applicant is required to provide additional information relating to their condition.

For more information go to: motorsport.org.au/membership/medical or contact Member Services on 1300 883 959

Please indicate if the applicant is affected by any of the following conditions:

Colour blindness

Is vision correction required?

Monocular Vision

Please indicate if the applicant is affected by any of the following conditions:

Does the applicant suffer from any allergies? *Please specify*

Hearing loss or deafness

Does the applicant wear glasses or contact lenses when driving?

If any of the above had been ticked, the applicant is **not** required to provide any additional information relating to these conditions and can continue with their application.

Provide details of any other medical condition or disability which could restrict the applicant generally

(e.g. Knee injury, broken foot, broken arm)

Motorsport Australia may request further information from the applicant or Medical Practitioner before accepting the application for a licence. Depending on medical history or status, Motorsport Australia may not be able to issue the applicant with a licence.

Please note that the applicant is under a continuing obligation to inform Motorsport Australia of any medical matter that may or could impact the applicant's physical or mental capacity to participate in Motorsport Activities.

Examiner's Comments

Comments on applicant's medical history

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:

APPLICANT MUST SUBMIT FORM B TO MOTORSPORT AUSTRALIA