ANDRA DRAG RACING
AUSTRALIAN NATIONAL DRAG RACING ASSOCIATION LTD

ACN 149 309151

MEDICAL EXAMINATION RECORD

Surname		Given Names	
Postal Address			
Suburb		State/ Postcode	
Email			
Phone: Business		Phone: Mobile	
Birth Date		Gender	
Type of Vehicle to be driven			
Occupation			

PLEASE COMPLETE ALL SECTIONS ON THIS PAGE PRIOR TO SEEING YOUR DOCTOR (PLEASE PRINT)

1. STATEMENT BY APPLICANT

1.1 - Any Nervous disorder including nerves, neurasthenia or anxiety state?	☐ YES	☐ NO
1.2 - Headaches	☐ YES	☐ NO
1.3 - Fits or convulsions, turns or blackouts, fainting or giddiness?	☐ YES	☐ NO
1.4 - Head injury or concussion?	☐ YES	☐ NO
1.5 - Tuberculosis or other lung trouble?	☐ YES	☐ NO
1.6 - Rheumatic fever or heart disease?	☐ YES	☐ NO
1.7 - Indigestions, gastric or duodenal ulcer?	☐ YES	☐ NO
1.8 - Kidney or bladder trouble?	☐ YES	☐ NO
1.9 - Diabetes?	☐ YES	☐ NO
1.10 - Anemia or any other blood disease?	☐ YES	☐ NO
1.11 - Deafness or noise in the ear?	☐ YES	☐ NO
1.12 - Earache or discharge from the ear?	☐ YES	☐ NO
1.13 - Chronic sinusitis?	☐ YES	☐ NO
1.14 - Any surgical operations?	☐ YES	☐ NO
1.15 - Any injury?	☐ YES	☐ NO
1.16 - Any illness not already mentioned	☐ YES	☐ NO
1.17 - Are you taking any injections, tablets or other forms of medication?	☐ YES	☐ NO

If **YES** to any of the above questions, give full details here:

_____

_____

_____

APPLICANT'S DECLARATION (An applicant making a false declaration is liable to refusal or cancellation of licence)

I hereby declare that I have carefully considered the statements made 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 (including any on track incident requiring hospitalisation), I agree to abstain from exercising the privileges of this licence, and to notify the ANDRA Medical Assessor and submit myself for further medical examination, the results of which will be forwarded to him or her.

I hereby give my full authority the ANDRA Medical Assessor to obtain information from relevant Clinical Records, X-Ray and Pathology Reports from any Medical Officer I have previously attended. **NB: (Female Applicants Only):** I agree to abstain from exercising the privileges of this Licence while in the last four months of Pregnancy. A fee of $5.50 (inc GST) will be charged in the event that any additional correspondence is required occasioned by incomplete or incorrect applications.

SIGNATURE OF APPLICANT (OR GUARDIAN/ REPRESENTATIVE IF APPLICANT IS A MINOR)	SIGNATURE OF MEDICAL EXAMINER AS WITNESS	DATE

NAME/ADDRESS OF GUARDIAN OR REPRESENTATIVE WHERE APPLICABLE (PLEASE PRINT)

OFFICE USE ONLY

Glasses ☐ YES ☐ NO

Contact Lenses ☐ YES ☐ NO

ANDRA Assessors Signature

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NOTES FOR EXAMINERS

VISION TESTS

12.2 Squint – vertical or horizontal obvious or become obvious when either eye is covered.
12.3 Eye fixed on examiner. Peripheral vision to hand movements – either eye separately.
12.4 Use Snellen's type at 6 metres
EG: A - 6/6 eye readings
D = 6 line at 6 metres OR D =3 line at 3 metres
A - 6/9 eye readings
D = 9 line at 6 metres OR D = 4.5 line at 3 metres

CONTACT LENSES

If this examination is the applicant's first wearing of contact lenses a report from the ophthalmologist is required, stating their (1) stability; (2) duration of daily use and (3) suitability for motor racing activities.

BLOOD PRESSURE

Blood pressure reading must be recorded in systolic/diastolic format

IMPORTANT: IF SIGNIFICANT ABNORMALITIES ARE FOUND, PLEASE OBTAIN SPECIALIST OPINION OR PATHOLOGY AS INDICATED AND RETURN WITH THIS FORM.

MEDICAL REPORT - CONFIDENTIAL

1. Patient Name

2. D.O.B 3. Height 4. Weight

5. Any deformity or limitation of movement

6. CVS
6.1 - Pulse Rate
6.2 - Rhythm
6.3 - Blood Pressure e.g. 120/70 /
6.4 - Any hypotension or other CVS drugs In use? ☐ YES ☐ NO
6.5 - Any CVS abnormality? ☐ YES ☐ NO

7. RESPIRATORY SYSTEM
7.1 - Any antihistamine or other respiratory Drugs in use? ☐ YES ☐ NO
7.2 - Any abnormality? ☐ YES ☐ NO

8. URINE ☐ YES ☐ NO
8.1 - Albumen ☐ YES ☐ NO
8.2 - Sugar ☐ YES ☐ NO

9. ABDOMEN ☐ YES ☐ NO
Any abnormality

10. CNS
10.1 - Sedative or tranquiliser drugs? ☐ YES ☐ NO
10.2 - Any abnormality? ☐ YES ☐ NO

11. ENT
11.1 - Vestibular System? ☐ YES ☐ NO
11.2 - Any abnormality? ☐ YES ☐ NO

12 VISION
12.1 - Eyes – any abnormalities? ☐ YES ☐ NO
12.2 - Eye movements – cover test ☐ YES ☐ NO
12.3 - Fields – Confrontational test ☐ YES ☐ NO
12.4 - Visual Acuity

	RIGHT	LEFT
NATURAL SIGHT	6/	6/
WITH CORRECTION Spectacles ☐ YES ☐ NO		
Contact Lenses ☐ YES ☐ NO		

EXAMINERS COMMENTS
On History

On Examination

Is there anything unfavorable in the applicants personality revealed by history, appearance or behaviour?

STATEMENT BY MEDICAL EXAMINER (response required for all questions below and boxes ticked)

In my opinion the applicant is fit to take part in motor racing activities ☐ YES ☐ NO
I have witnessed and signed the applicant's statement on page one of this form. ☐ YES ☐ NO
I have personally examined this applicant on this day

Signed Date

Medical Examiner's Name & Address (Block letters or stamp)

Please forward completed form to:

The Medical Assessor ANDRA Head Office
11 McInnes Street Ridleyton SA 5008

Fax: 08 8271 6988 or Email
info@andra.com.au