

IMPORTANT IF SIGNIFICANT ABNORMALITIES ARE FOUND PLEASE OBTAIN SPECIALIST OPINION OR PATHOLOGY AS INDICATED AND RETURN WITH THIS FORM, IF DOUBTFUL, REFER TO AUSTRALIAN AUTO - SPORT ALLIANCE INC.			MEDICAL EXAMINATION (NOTES FOR EXAMINERS) 1. Please attach any Specialists reports or any pathology or radiology results relevant to this application. 2. If the application wears contact lenses please attach to this report a certificate from the Ophthalmic Practitioner who fitted them stating there (1) Stability (2) duration of use daily (3) suitability for motor racing								
5. WHAT IS THE APPLICANTS		HEIGHT	CMS	WEIGHT	KGS	BODY MASS INDEX					
6. Please tick appropriate column											
CARDIOVASCULAR SYSTEM		YES	NO	LOCOMOTOR SYSTEM		YES	NO	VISUAL SYSTEM		YES	NO
What is the pulse rate?				Has the applicant undergone				Has the applicant any			
Is the rhythm abnormal?				amputation of any limb or				deformities of the eyes?			
What is the blood pressure?				part of a limb, or is there any				Is there evidence of			
Are the peripheral pulses normal?				physical deformity?				horizontal or vertical squint?			
Is there any evidence in the history or examination of past or present ischaemic heart disease?				Does the applicant wear any form of orthopedic appliance?				Is squint produced on covering either eye?			
ECG : COMPULSORY				Has the applicant impaired use or movement of any limb, joint, hand or foot which might impair or compromise control of a motor vehicle?				Is there abnormality or defect in the visual fields on confrontation?			
RESPIRATORY SYSTEM				CENTRAL NERVOUS SYSTEM				VISUAL ACUITY		FOR DISTANCE (SNELLENS)	
Is there any abnormality of the respiratory system on examination?				Is there abnormality of the cranial nerves, limb tone, power or co-ordination or tendon or planter response on examination?				Unaided		6/	6/
ABDOMEN				Is there any sensory impairment?				Spectacles		6/	6/
Is there any abnormality of the abdomen on clinical examination?				ENT SYSTEM				Contacts		6/	6/
URINE EXAMINATION				Is there any evidence of past or present vestibular disturbance including intermittent conditions?				Is colour vision abnormal?			
Does the applicant's urine contain				Is there any abnormality of the ENT System on clinical examination?				Was Ishihara method used?			
Protein								If not please specify			
Glucose											
Other abnormality											
7. EXAMINERS COMMENTS:											
7.1 On History											
7.2 On Examination											
7.3 Are there any unfavourable trait's in applicant's personality, revealed by history, appearance or behaviour?											
7.4 In your opinion, is the applicant fit to participate in motor racing?								YES	NO	DOUBTFUL	
8. Statement by examiner I have today personally examined this applicant.				Signature				Date			
								PLEASE PRINT NAME & ADDRESS			