

NOTE: - PLEASE COMPLETE ALL SECTIONS WITHIN DARK LINE PRIOR TO MEDICAL EXAMINATION WHEN MAKING APPOINTMENT

SURNAME _____ First Name _____

ADDRESS _____

POSTCODE _____

Phone Number (____) _____ Date of Birth __/__/____

PREVIOUS YEAR APBA LICENCE: YEAR _____ Number _____

Have you ever been refused an APBA, CAMS, Pilots Licence, Life Insurance, Defence Forces application YES NO

Since your last medical:

Has your health status changed? YES NO

Have you suffered any injury of any kind? YES NO

Have you ever suffered from:

- | | | | | | | | |
|---|--|------------------------------|-----------------------------|----|--|------------------------------|-----------------------------|
| 1 | Nervous Disorder
(Nerves, Neurasthenia or anxiety attack) | YES <input type="checkbox"/> | NO <input type="checkbox"/> | 10 | Earache or discharge ? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2 | Headaches? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | 11 | Surgical operation ? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3 | Fits or convulsions, blackouts, fainting or giddiness ? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | 12 | Injuries related to Motor Sport ? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4 | Asthma or lung disease? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | 13 | Other injuries ? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5 | Epilepsy ? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | 14 | Other illness' not mentioned ? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6 | Head Injury or concussion? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | 15 | Do you take medication, tablets, or some other form of medication on a regular basis ? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7 | Diabetes ? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | 16 | Do you have any known allergies ? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 8 | Heart Disease | YES <input type="checkbox"/> | NO <input type="checkbox"/> | 17 | Bleeding disorders ? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 9 | Deafness or noises in the ear ? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | | |

**IF YES TO ANY OF THE ABOVE,
STATE QUESTION No
AND GIVE FULL
DETAILS HERE**

(Attach a separate sheet if insufficient space provided)

OFFICE USE ONLY

LICENCE NUMBER	UNFIT / REFERRED ASSESSOR	
YEAR	NEXT EXAM DUE	
MEDICAL DETAILS TO BE NOTED ON LICENCE		
Visual Correction Required?	Yes	No
Sig	Date / /	

DECLARATION:

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

In case of a dispute I understand that the APBA Medical Assessor will make the final decision.

I hereby declare 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, I agree to abstain from exercising the privileges of this licence, and to notify the APBA Medical Assessor and submit myself to a further medical examination, the results of which are to be forwarded to that assessor.

I undertake not to use any drugs, medication or substances that might be considered illegal within a period of 48 hours prior to using my general competition licence, that might have any affect upon my performance, concentration or driving ability. I agree to undertake any drug analysis tests, including for alcohol, that may be considered necessary by the APBA.

I hereby give my full authority to the APBA Medical Assessor to obtain the relevant Clinical Records, X Ray and Pathology Reports and from any Medical Officer I have previously attended.

For Female Applicants: I agree to abstain from exercising the privileges of this Licence while in the last six (6) months of pregnancy.

DATE

SIGNATURE OF APPLICANT

WITNESS – MEDICAL EXAMINER

IMPORTANT

**OF SIGNIFICANT ABNORMALITIES
ARE FOUND, PLEASE OBTAIN
SPECIALIST OPION OR PATHOLOGY
AS INDICATED AND RETURN WITH
THIS FORM.
IF DOUBTFUL REFER TO THE APBA
STATE COUNCIL LICENCE ISSUING
OFFICER**

MEDICAL EXAMINATION – (Notes for examiners)

- 1 Please attach any specialists' reports or any pathology or radiology results relevant to this application
- 2 If the applicant wears contact lenses please attach to this report a certificate from the Ophthalmic Practioner who fitted them stating their (1) suitability, (2) duration of daily use and (3) suitability to motor boat racing.
- 3 The Normal answer to each of the questions below is NO. In respect of each YES response, further details should be provided in EXAMINERS COMMENTS

PLEASE TICK (✓) THE APPROPRIATE COLUMN

CARDIOVASCULAR SYSTEM	YES	NO
What is the pulse rate?	Y	N
Is the rhythm normal	Y	N
What is the blood pressure	Y	N
Are the peripheral pulses abnormal	Y	N
Is there any evidence in the history or examination of past or present ischaemic heart disease	Y	N

RASPATORY SYSTEM		
Is there any abnormality of the respiratory system on examination?	Y	N

ABDOMEN		
Is there any abnormality of the abdomen on clinical examination?	Y	N

URINE EXAM		
Does the applicants urine contain:	Y	N
Protein _____	Y	N
Glucose _____	Y	N
other abnormalities	Y	N

LOCOMOTOR SYSTEM	Yes	No
Has the applicant undergone amputation of any limb or part of a limb, or is there any physical deformity?	Y	N
Does the applicant wear any form of orthopaedic device ?	Y	N
Has the applicant impaired use or movement of any limb, joint, hand or foot which might impair or compromise control of a motor boat at speed?	Y	N

CENTRAL NERVOUS SYSTEM		
Is there any abnormality of the cranial nerves, limb tone, power or co-ordination or tendon or plantar response on examination?	Y	N
Is there any sensory impairment?	Y	N

ENT SYSTEM		
Is there any evidence of past or present vestibular disturbance, including intermittent conditions?	Y	N
Is there any abnormality of the ENT System on clinical examination?	Y	N

VISUAL SYSTEM	Yes	No
Has the applicant any deformities of the eyes?	Y	N
Is there evidence of horizontal or vertical squint?	Y	N
	Y	N

VISUAL ACUITY	FOR DISTANCE (SNELLENS)	
	R	L
Unaided	6/	6/
Specticals	6/	6/
Contacts	6/	6/
IS the colour vision abnormal?	Y	N
Was Ishihara method used- if not please specify		

NOTABLE PROBLEMS / CONDITIONS

Medications
Disabilities
Allergies

EXAMINERS COMMENTS

Are there any unfavourable traits in the applicants' personality, revealed by history, appearance or behaviour ?

In your opinion is the applicant fit to participate in motor boat racing?

YES

NO

DOUBTFULL

STATEMENT BY EXAMINER
I today have personally examined this applicant

Signature

Date

Name and Address: