



<b>Patient's Name</b>	<b>Date</b>
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<b>IMPORTANT: IF SIGNIFICANT ABNORMALITIES ARE FOUND, PLEASE OBTAIN SPECIALIST OPINION OR PATHOLOGY AS INDICATED AND RETURN WITH THIS FORM. If doubtful, please refer to Australian Auto-Sport Alliance Pty Ltd +61 (03) 5721 7800 For Medical Standards please refer to <a href="http://www.ntc.gov.au">www.ntc.gov.au</a> assessing fitness to drive.</b>	<b>MEDICAL EXAMINATION – NOTES FOR EXAMINERS</b> Please attached any Specialists reports or any pathology or radiology results relevant to this application. If the applicant wears contact lenses, please attached to this report a certificate from the Ophthalmic Practitioner who fitted them stating their (a) suitability; (b) duration of use daily; (c) suitability for motor racing
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Applicant's Height in cm:	Applicant's Weight in kg:	Body Mass Index:
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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 amputation of any limb or part of a limb, or is there any physical deformity?			Has the applicant any deformity of the eyes?		
Is the rhythm abnormal?			Does the applicant wear any form of orthopaedic appliance?			Is there evidence of horizontal or vertical squint?		
What is the blood pressure?			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 squint produced on covering either eye?		
Are the peripheral pulses normal?			<b>CENTRAL NERVOUS SYSTEM</b>			Is there abnormality or defect in the visual fields on confrontation		
Is there any evidence in the history or examination of past or present ischaemic heart disease?			Is there any abnormality of the cranial nerves, limb tone, power or co-ordination or tendon or planter response on examination?			VISUAL ACUITY	FOR DISTANCE (SNELLENS)	
ECG (Not compulsory)			Is there any sensory impairment?			Unaided	L	R
<b>RESPIRATORY SYSTEM</b>			<b>ENT SYSTEM</b>			Spectacles	6/	6/
Is there any abnormality of the respiratory system on examination?			Is there any evidence of past or present vestibular disturbance including intermittent conditions?			Contacts	6/	6/
<b>ABDOMEN</b>						Is colour vision abnormal?		
Is there any abnormality of the abdomen on clinical examination?								

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URINE EXAMINATION			Is there any abnormality of the ENT System on clinical examination?		Was Ishihara method used?	
Does the applicant's urine contain:					If not, please specify	
Protein?			ARE THERE ANY OTHER ABNORMALITIES?			
Glucose?						
MEDICAL EXAMINER'S COMMENTS						
On History						
On Examination						
Are there any unfavourable traits in the applicant's personality revealed by history, appearance or behaviour?						
In your opinion, is the applicant fit to participate in motor racing?	YES		NO		DOUBTFUL	
Statement by examiner: I have today personally examined this applicant	Signature			Date	Please print name and address:	

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