

**AUSTRALIAN AUTO-SPORT ALLIANCE PTY. LTD.
NATIONAL LICENCE APPLICATION**



SURNAME: _____ CHRISTIAN NAMES: _____

ADDRESS: _____

Postcode: _____

DATE OF BIRTH: _____ AUSTRALIAN CITIZENSHIP YES NO If No, Nationality on Passport: _____

TELEPHONE: Home: _____ Work: _____

Mobile: _____ Email: _____

Emergency contact: Name: _____ Telephone: _____

Have you competed in a motor racing event in the last 12 months? YES NO

If yes, name of last event competed in _____ Date: _____

Have you supplied AASA with a medical examination record executed by your doctor in the last 12 months? YES NO

If yes, please advise the approximate date that this was supplied: _____

To obtain or renew your Australian Auto-Sport Alliance the attached Medical Examination Record is to be completed by yourself and your doctor and returned with this application, unless this has previously been provided at renewal one year ago. The Medical Declaration is required to be completed by yourself every year.

Current CAMS Licence Holders please provide proof of CAMS Licence. Those people wishing to apply for a new Licence please supply details of competition history for the past 12 months.

(attach additional listing if necessary)

Those people who have previously only held a Club level licence must attach a history of at least three (3) Lap Dash events where the Clerk of Course has provided proof of completion of a satisfactory level of competition.

OFFICE USE ONLY: Date MER received _____

Licence No. _____ Renewal Due: _____ Date Mailed: _____

PAYMENT DETAILS:
OPTIONAL LICENCE ENDORSEMENT: **NATIONAL RACING LICENCE: \$150.00**
 TARMAC RALLY LICENCE: \$50.00
 NATIONAL SPEEDWAY LICENCE: \$50.00
 NATIONAL OFF ROAD LICENCE: \$50.00

Cheque payable to Australian Auto-Sport Alliance Pty. Ltd. enclosed for \$.....

OR Please Charge the amount to my: VISA MASTERCARD Expiry Date/.....

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Name On Card: _____ Signature: _____

AUSTRALIAN AUTO-SPORT ALLIANCE PTY.LTD NATIONAL COMPETITION LICENCE APPLICATION

MEDICAL EXAMINATION RECORD

THIS MEDICAL EXAMINATION RECORD FORMS PART OF AN APPLICATION FOR NATIONAL COMPETITION LICENCE

NOTE: APPLICANT - PLEASE COMPLETE ALL SECTIONS PRIOR TO MEDICAL EXAMINATION WHEN MAKING APPOINTMENT
PLEASE ADVISE DOCTOR'S RECEPTIONIST THAT AN EXTENDED CONSULTATION WILL BE REQUIRED. THIS EXAMINATION IS INELIGIBLE FOR MEDICARE REBATES.

PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS			
SURNAME		STREET ADDRESS	
FIRST NAME			
PHONE BH		STATE	
PHONE AH		POSTCODE	
OCCUPATION		DATE OF BIRTH	AGE
TETANUS IMMUNISATION DATE	BLOOD GROUP	PLEASE LIST ALL KNOWN ALLERGIES	

1. Is this your first Motor Racing medical examination? YES / NO If YES, go to question 3

2. Since your last Motor Racing medical examination:
 (a) has your health status changed? YES / NO
 (b) have you suffered from any injury or been involved in any accident of any kind? YES / NO

3. Have you ever suffered from:	YES or NO	(continued)	YES or NO
3.1 Any nervous disorder – including nerves, neurasthenia or anxiety state?		3.10 Anaemia or any other blood disease?	
3.2 Headaches?		3.11 Deafness or noises in the ear?	
3.3 Fits or convulsions, turns or blackouts, fainting or giddiness?		3.12 Earache or discharge from the ear?	
3.4 Head injury or concussion?		3.13 Chronic sinusitis?	
3.5 Tuberculosis or other lung trouble?		3.14 Any surgical operation?	
3.6 Rheumatic fever or heart disease?		3.15 Any injuries related to motorsport?	
3.7 Indigestion, gastric or duodenal ulcer?		3.16 Any other injuries?	
3.8 Kidney or bladder trouble?		3.17 Any illnesses not already mentioned?	
3.9 Diabetes?		3.18 Are you taking or have you taken any injections, tablets or other forms of medication?	

IF YES TO ANY OF THE ABOVE, PLEASE PROVIDE FULL DETAILS	

DECLARATION.

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

I hereby declare I have read the questions above and that the answers I have given are to the best of my belief true, correct and complete in every detail. I further declare that I have not withheld any information or made any statements which are calculated to conceal any reason that could result in the refusal of this licence.

I confirm I am aware that if any of the answers given above are affected by any event which might occur during the currency of the licence issued as result of this medical examination I will report such alterations to Australian Auto-Sport Alliance Pty Ltd. forthwith. I undertake not to use any drugs or medication which could have the capacity of affecting my driving ability within 48 hours of my competition and formally agree I will submit to any testing for drugs as may be considered to be justified by any Australian Auto-Sport Alliance Pty Ltd. appointed doctor. I hereby give my full authority to Australian Auto-Sport Alliance Pty Ltd. medical officers to obtain information from relevant clinical records, x-ray and pathology reports from my doctor if required to support this application

FOR FEMALE APPLICANTS; I agree to refrain from participating in any motor sport events except touring events if I am aware that I am or may be pregnant, and to abide by AASA's HSE policy regulations.

FEMALE APPLICANTS

MUST INITIAL

DATE	SIGNATURE OF APPLICANT	WITNESS - MEDICAL EXAMINER
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Applicant's Name:

Date of Birth:

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 PTY LTD			MEDICAL EXAMINATION – NOTES FOR EXAMINERS 1. Please attached any Specialists reports or any pathology or radiology results relevant to this application. 2. 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					
5. Applicant's Height in cm:			Applicant's Weight in kg:			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 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?			CENTRAL NERVOUS SYSTEM			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)							L	R
RESPIRATORY SYSTEM			Is there any sensory impairment?			Unaided	6/	6/
Is there any abnormality of the respiratory system on examination?			ENT SYSTEM			Spectacles	6/	6/
ABDOMEN			Is there any evidence of past or present vestibular disturbance including intermittent conditions?			Contacts	6/	6/
Is there any abnormality of the abdomen on clinical examination?						Is colour vision abnormal?		
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?								
7. MEDICAL EXAMINER'S COMMENTS								
7.1 On History								
7.2 On Examination								
7.3 Are there any unfavourable trait's in the 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 and address:	

