



**AUSTRALIAN KARTING ASSOCIATION INC.**  
**MEDICAL EXAMINATION RECORD**

**OFFICE USE ONLY  
 GRADE**

**NOTE: APPLICANT** – PLEASE COMPLETE ALL SECTIONS WITHIN THE DARK LINE 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  
 PRINT NAME – WRITE CLEARLY

SURNAME	FIRST NAME
ADDRESS IN FULL _____ _____ _____	
POSTCODE _____	
PHONE BUS:- _____ PRIV:- _____	OCCUPATION _____ Date of Birth _____ Age _____

LICENCE NO.			UNFIT <small>REFER ASSESSOR</small>
YEAR	NEXT EXAM DUE		

MEDICAL DETAILS TO BE ENTERED ON LICENCE  
 VISUAL CORRECTION REQUIRED: YES NO

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ASSESSOR'S SIG.	DATE
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<b>Class of Licence Required</b>
INTERNATIONAL <input type="checkbox"/>
NATIONAL <input type="checkbox"/>

<b>Previous AKA Licence</b>
YEAR _____
NUMBER _____

BLOOD GRP	TETANUS IMMUNISATION
	Date.....
MANDATORY FOR INTERNATIONAL LICENCE ONLY	

**STATEMENT BY APPLICANT**

1. Is this your first AKA medical examination? YES/NO  
If YES go to No.4
2. Since your last AKA medical examination  
 1 – Has your health status changed? YES/NO If YES go to No. 4  
 2 – Have you suffered any injury or been involved in any accident, of any kind? YES/NO If YES go to No. 4
3. Is this an application to change licence status? YES/NO  
If YES go to No. 4  
If NO go to DECLARATION below

4. Have you ever suffered from – 4.1 Any nervous disorder – including nerves, Neurasthenia or anxiety state? 4.2 Headaches requiring medical attention? 4.3 Fits or convulsions, turns or blackouts, Fainting or giddiness? 4.4 Head injury or concussion? 4.5 Tuberculosis or other lung trouble? 4.6 Rheumatic fever or heart disease? 4.7 Indigestion, gastric or duodenal ulcer? 4.8 Kidney or bladder trouble? 4.9 Diabetes?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Answer Yes or No</td> </tr> <tr><td>.....</td></tr> <tr><td>.....</td></tr> <tr><td>.....</td></tr> <tr><td>.....</td></tr> <tr><td>.....</td></tr> <tr><td>.....</td></tr> <tr><td>.....</td></tr> <tr><td>.....</td></tr> <tr><td>.....</td></tr> <tr><td>.....</td></tr> </table>	Answer Yes or No	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	4.10 Anaemia or any other blood disease? 4.11 Deafness or noises in the ear? 4.12 Earache or discharge from the ear? 4.13 Chronic sinusitis? 4.14 Any surgical operations? 4.15 Any injuries related to motor sport? 4.16 Any other injuries? 4.17 Any illnesses not already mentioned? 4.18 Are you taking any injections, tablets or other medical forms of medication, or have you been on medication in the past? 4.19 Any known allergies?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>.....</td></tr> <tr><td>.....</td></tr> <tr><td>.....</td></tr> <tr><td>.....</td></tr> <tr><td>.....</td></tr> <tr><td>.....</td></tr> <tr><td>.....</td></tr> <tr><td>.....</td></tr> <tr><td>.....</td></tr> <tr><td>.....</td></tr> </table>	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
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IF YES TO ANY OF THE ABOVE, GIVE FULL DETAILS HERE

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**DECLARATION**

(An application making a false declaration is liable to refusal or cancellation of licence.)  
 I hereby declare that I have carefully considered the statements 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, I agree to abstain from exercising the privileges of this licence, and to notify the AKA Medical Assessor and submit myself for further medical examination, the results of which are to be forwarded to that Assessor.  
 I undertake not to use any drugs or medication that might be considered illegal; or within a period of 24 hours prior to using my general competition licence, that might have any effect upon my performance, concentration or driving ability. I agree to undertake any drug analysis tests, including any for alcohol that may be considered necessary by AKA.

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

DATE	SIGNATURE OF APPLICANT	WITNESS – MEDICAL EXAMINER
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