

NOTES FOR EXAMINERS

IMPORTANT

IF SIGNIFICANT ABNORMALITIES ARE FOUND, PLEASE OBTAIN SPECIALIST OPINION OR PATHOLOGY AS INDICATED AND RETURN WITH THIS FORM. IF DOUBTFUL REFER TO V.S.C.

12. NOTE ON VISION TESTS

12.2 Squint – vertical or horizontal obvious or becomes obvious when either eyes is covered. 12.3 Eye fixed on examiner. Peripheral vision to hand movements – either eye separately.	12.4 Use Snellen's type at six metres. e.g. A 6/6 eye reads D = 6 line at 6 Metres. or D = 3 line at 3 Metres. A 6/9 eye reads D = 9 line at 6 Metres. or D = 4.5 line at 3 Metres.
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CONTACT LENSES

If this examination is the applicant's first wearing of contact lenses, a report from the optometrist or ophthalmologist who prescribed and fitted the lenses is required, stating their: (1) stability; (2) duration of daily use; (3) suitability for motor racing.

(B) I TODAY HAVE EXAMINED THIS APPLICANT AND IN MY OPINION IS FIT TO PARTICIPATE IN MOTOR SPORT AS A DRIVER/OFFICIAL.

YES NO DOUBTFUL

NAME AND ADDRESS OF EXAMINER.

EXAMINERS STAMP REQUIRED

.....

SIGNATURE..... DATE.....

V.S.C. USE ONLY. LICENCE NUMBER.

2. AGE	3. HEIGHT	4. WEIGHT	5. ANY DEFORMITY OR limitation of movement.		
6. C.V.S. 6.1 Pulse rate 6.2 Rhythm 6.3 Blood pressure 6.4 Any hypotensive or other C.V.S. drugs in use? 6.5 Any C.V.S. abnormality?			8. URINE 8.1 Albumen	DO NOT OMIT URINE TEST	
			8.2 Sugar		
			9. ABDOMEN Any abnormality?		
			10. C.N.S. 10.1 Sedative or tranquiliser drugs? 10.2 Any abnormality?		
			11. E.N.T. 11.1 Vestibular system? 11.2 Any abnormality?		
7. RESPIRATORY SYSTEM. 7.1 Any antihistamine or other respiratory drugs in use? 7.2 Any abnormality?			12. VISION		
			12.1 Eyes – any abnormality?	RIGHT	LEFT
			12.2 Eye movements Cover Test	6/	6/
12.3 Fields Confrontation Test			WITH CORRECTION		
			SPECTACLES	CONTACT LENSES	
			Tick Applic Box <input type="checkbox"/> <input type="checkbox"/>	6/	
13. EXAMINERS COMMENTS:					
13.1 On history.					
13.2 On Examination.					
13.3 Are there any unfavourable traits in applicant's personality, revealed by history appearance or behaviour?					
13.4 In your opinion, is the applicant fit to participate in motor racing?		Yes	No	Doubtful	
14. STATEMENT BY EXAMINER I have today personally examined this applicant.		Signature			
		Date			

[A]

Name.....

Address

.....

.....

Club..... Class

STATE HERE IF EYE CORRECTION IS
REQUIRED TO BE WORN

GLASSES
CONTACT LENSES

[B] MEDICAL EXAMINATION RECORD

SURNAME FIRST NAMES

ADDRESS IN FULL
POSTCODE

PHONE BUS:- PRIV:- OCCUPATION

1.0 STATEMENT BY APPLICANT

Have you ever suffered from -

	ANSWER YES OR NO		
1.1 Any nervous disorder - including nerves, neurasthenia or anxiety state?	1.1	1.9 Diabetes?	1.9
1.2 Headaches?	1.2	1.10 Anaemia or any other blood disease?	1.10
1.3 Fits or convulsions, turns or blackouts, fainting or giddiness?	1.3	1.11 Deafness or noises in the ear?	1.11
1.4 Head injury or concussion?	1.4	1.12 Earache or discharge from the ear?	1.12
1.5 Tuberculosis or other lung trouble?	1.5	1.13 Chronic sinusitis?	1.13
1.6 Rheumatic fever or heart disease?	1.6	1.14 Any surgical operations?	1.14
1.7 Indigestion, gastric or duodenal ulcer?	1.7	1.15 Any injury?	1.15
1.8 Kidney or bladder trouble?	1.8	1.16 Any illness not already mentioned?	1.16
		1.17 Are you taking any injections, tablets or other forms of medication?	1.17

IF YES TO ANY OF THE ABOVE, GIVE FULL DETAILS HERE

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

I hereby declare that I have carefully considered the statements made 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 Victorian Speedways Council and submit myself for further medical examination, the results of which are to be forwarded to him.

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

DATE

SIGNATURE OF APPLICANT

WITNESS - MEDICAL EXAMINER

THIS COPY TO BE FOWARDED TO THE VICTORIAN SPEEDWAY COUNCIL WITH LICENCE APPLICATION AFTER EXAMINER HAS COMPLETED THE MEDICAL EXAMINATION AND SIGNED AND STAMPED THE OTHER SIDE OF THIS FORM.

Club Secretary's Signature.

THIS COPY IS TO BE POSTED TO THE VICTORIAN SPEEDWAYS COUNCIL IN THE ENCLOSED ENVELOPE (postage to be paid by applicant) AFTER EXAMINER HAS COMPLETED THE MEDICAL EXAMINATION AND SIGNED THE OTHER SIDE OF THIS FORM.

TO REMAIN IN YOUR DOCTORS FILE

A B UN-FIT

YEAR NEXT EXAM

These Details to be entered on rear of (B)

GLASSES
CONTACT LENS