



**AUSTRALIAN POWER BOAT ASSOCIATION  
NOVICE LICENCE  
SELF-ASSESSING MEDICAL DECLARATION**

**Form  
22N**

SURNAME \_\_\_\_\_ First Name \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_ POSTCODE \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_  
 Have you ever been refused an APBA, CAMS or Pilots Licence, Life Insurance or Defence Forces application YES " " NO " "

**BY SIGNING THIS FORM I CERTIFY THAT:**  
 I have no other illnesses, conditions or any other physical or mental condition that would make it dangerous for me or others driving a racing power boat.  
 That I have not been advised by any medical person to refrain from contact sports or activities where physical exertion is required, or from activities where I will be subject to physical abuse.

OFFICE USE ONLY	
LICENCE NUMBER	YEAR

**NOVICE  
LICENCE  
ONLY**

**Have you ever suffered from:**

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

**IF YES TO ANY OF THE ABOVE, STATE QUESTION No AND GIVE FULL DETAILS HERE**  
 (Attach a separate sheet if insufficient space provided)


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

In case of a dispute I understand that an APBA appointed 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, which 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 – To signature:**

**PRINT NAME:**

**WITNESS PRINT NAME:**